

# THE AMERICAN JOURNAL of OCCUPATIONAL THERAPY

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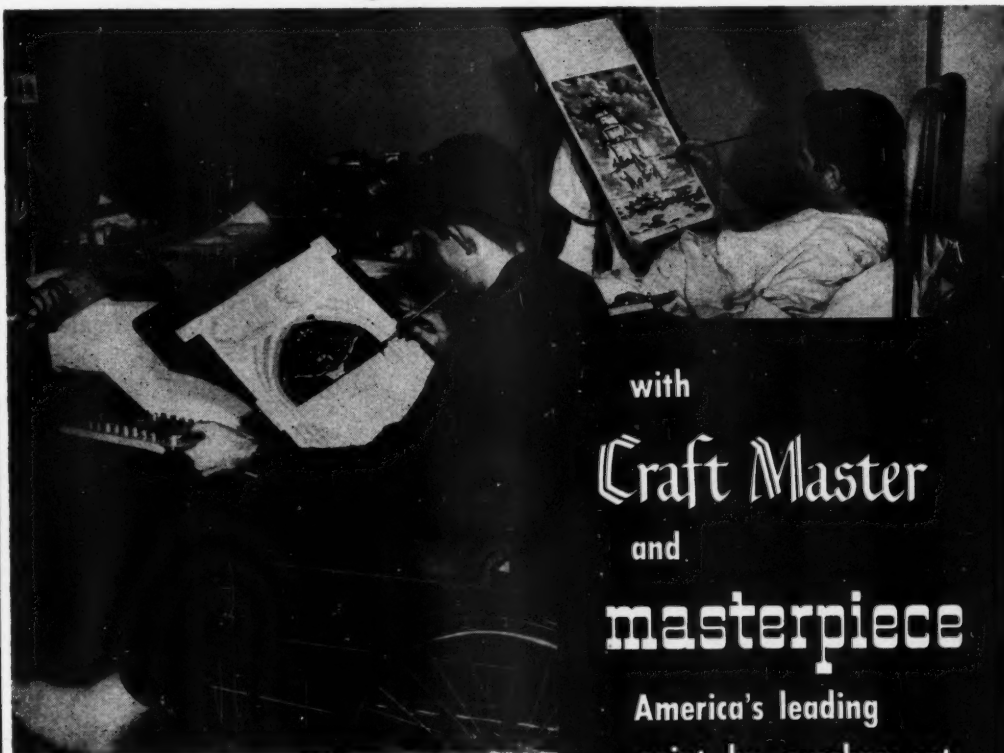
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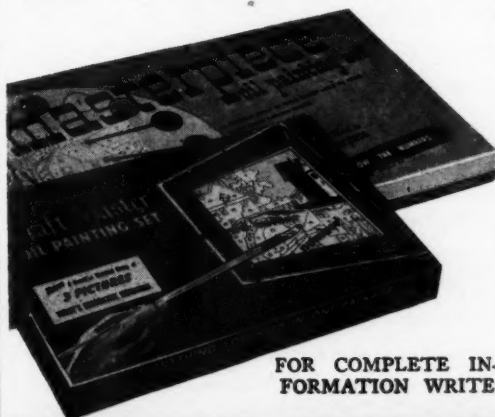
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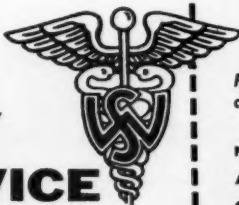
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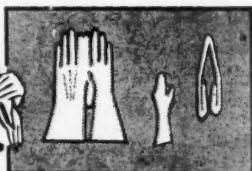
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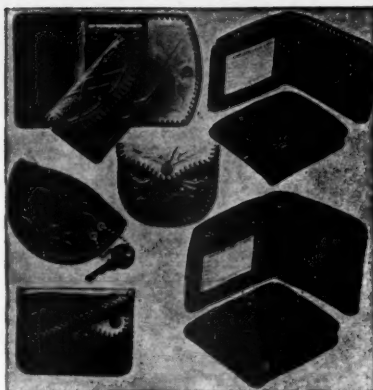
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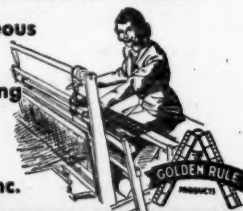
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# THE AMERICAN JOURNAL of OCCUPATIONAL THERAPY

Official Publication of the American Occupational Therapy Association

January-February

1954

Vol. VIII, No. 1

## SHOULD OCCUPATIONAL THERAPY PAY FOR ITSELF?\*

OWEN P. HENINGER, M.D.†

This title may be stated differently: "Is occupational therapy a sufficiently important form of treatment that it should be allowed to operate in the red, or should we insist that it pay its own way?" The answer is variable and depends on such things as the type of hospital being operated, that is, whether public or private, whether it is adequately endowed or one that survives only by the sweat and anxiety of its administrative staff. The answer will also depend upon the type of case material and the actual need for this kind of treatment, that is, how urgently the treatment is needed to bring about improvement or cure of patients. It depends upon whether "payment" is considered to have been made only when currency is exchanged, or whether some substitute is recognized, whether for instance, the saving from a shorter hospital stay may be figured as a portion of the pay and whether or not simple improvement in human relationships alone may be considered adequate compensation.

To understand each other properly, we need a working definition. The term, occupational therapy, is commonly applied to all sorts of diversional activities which are designed to make long hours of hospital stay less boring or to keep them from being wholly wasted. Some of these activities are less therapeutic than some other forms of work which we never think of as occupational therapy. For example, one would hardly say that the active labor of a woman in childbirth was "occupational therapy," but except in the case of Caesarian section, the woman's own efforts are the only cure for what ails her. To avoid confusion, this paper will consider two uses of the term, (1) the use of work or recreation that is prescribed by a physician for the correction of some specific physical or mental disorder, (2) the use of any type of work or recreation to effect a better feeling of patient well-being or improve interpersonal relationships.

### NEED FOR OT

Examples of specifically oriented occupational therapy are the use of well-planned activities to mobilize stiff, useless joints and the use of work or play to bring about the socialization of a withdrawn, psychotic patient. Depending upon the need in a particular patient, this form of therapy may be as definitely indicated as a tendon transplant or, in the case of some psychotics, it may be as truly life saving as surgery to relieve an intestinal obstruction and its use would be planned for and budgeted in the same way in which the particular hospital budgets its medical and surgical services.

The number of cases in which occupational therapy is thus specifically used is relatively small at present, but let us remember that the field is still poorly developed. Few surgical maneuvers for the relief of intestinal obstruction were indicated before the days of antisepsis and asepsis, before the development of sulfa drugs and antibiotics and before Wagensteen tubes and electrolyte balances. What we are now doing is not a good measure of what needs to be done. Particularly in the fields of psychiatry, the need for specifically oriented occupational therapy is enormous, but a realization of the potential benefits from its use depends upon the development of facilities and techniques which will make this form of therapy more readily available and practical.

As to the matter of pay for such measures, our culture is becoming more and more inclined to provide the essentials of good treatment regardless of one's ability to pay for the same. Within certain limits, this practice appears to be not only Christian but economically sound. From the overall interest of society, good medicine is always

\*Read before convention of the Association of Western Hospitals, Salt Lake City, Utah, 1953.

†Superintendent, Provo State Hospital, Provo, Utah.

sound economy. Beyond a certain point giving something for nothing is not even Christian.

### PATIENT'S ATTITUDE

In the field of mental disorders, one of the cardinal principles upon which successful treatment is achieved is that, so far as possible, the patient be induced to assume responsibility for his own personality and the changes that occur in it. Only as one does accept this responsibility may he be materially helped. Psychiatry has a few maneuvers, such as shock treatment, that are more or less beneficial regardless of the degree to which cooperation of the patient may be obtained but, even in such cases, the maintenance of an adequate personality after treatment, that is, maintaining the improvement obtained, depends upon the patient recognizing certain obligations to his fellow men. Some evidence that he is assuming responsibility is his willingness to cooperate in the therapeutic effort, part of which is his willingness to pay for the help that is given him. Even though a patient be indigent, he may make some sort of payment, albeit a small one. If he has no money with which to pay, payment in kind is always possible and its symbolic value may have considerable influence upon the success of treatment. Paying for help given him assists a patient to better orient himself toward the therapeutic effort as well as giving him a greater feeling of self-esteem and of accomplishment. The benefits from penicillin or surgery may accrue without sacrifice on the patient's part, but most occupational therapy for which a patient is unwilling to make a reasonable effort in his own behalf, is not likely to have great therapeutic value.

This last statement requires some qualification. The time when payments should be requested is important and varies from one individual to another. Just as one would not present a bill to an unconscious or semi-conscious person following an accident, so also he would not present his bill to a psychotic person until sufficient rapport had been established for him to understand and accept its meaning. In many cases, it is likely that a "charge account" will need to be set up until the patient is able to assume his obligations. In the non-psychotic patient this same principle applies but it is likely that rapport will be much more readily established and the time for carrying an account much shorter.

So far we have said little concerning that type of occupational therapy which is not directed point blank against a pathologic process but which, by reason of its effects upon morale and interpersonal relationships, has considerable influence, not only on the individual patient's recovery but upon public relations and the degree of success the hospital may have in performing its service to the community. There is considerable doubt that a "therapeutic

atmosphere" has any direct effect upon wound-healing or the resolution of an inflammatory process, but no one will deny the fact that the readiness with which a patient submits himself for treatment and the amount of active cooperation he lends, depends in large measure upon his attitude toward the people who supply the treatment measures. This attitude may be greatly influenced by activities that are purely diversional.

### TREATMENT VALUE

The use of recreation and congenial forms of work has its most important application in psychiatric institutions. Particularly among patients who are mentally ill there is likely to be a resistance against the very measures that are essential for cure. Treatment which in one sense appears to be pure recreation or diversion may be not only the quickest way, but often the only way, by which more specific measures may be brought into action. Very often interview therapy would be useless without the way being previously prepared by some form of occupational therapy.

One may readily understand that although this form of therapy is to some extent non-specific, it is none-the-less important and though it has its chief application among patients who are mentally ill, the general hospital should never overlook the fact that its patients also have mental problems.

The question as to whether or not this type of therapy should pay for itself depends upon the same variables that apply to the more specific and individually oriented type. That is, upon how urgently needed and by what means the ultimate cost is liquidated. In both cases "pay" should be considered from a broad point of view.

Particularly in tax supported institutions, a shortened hospital stay represents money saved. If the cost of measures taken to reduce a patient's stay is less than the cost of maintaining that patient for a longer period required without treatment being given, the effect is an overall saving to the taxpayer and in reality the treatment pays for itself. Very often properly directed occupational therapy does just that.

In a well controlled pilot study, conducted in a nearby state<sup>1</sup>, 200 chronically ill, psychotic patients, who ordinarily have a very poor prognosis, were subjected to a therapeutic milieu in which occupational therapy played a very important part. As a result, most of these patients were improved and many were rehabilitated. Although the workers did not calculate the actual savings in dollars and cents brought about by the release of an additional

(Continued on page 35)

1. Galioni, E. F.; Adams, F. H.; and Tallman, F.F. "Intensive Treatment of Back-Ward Patients," *The American Journal of Psychiatry*, Vol. 109, February, 1953.

# PERCEPTION TECHNIQS FOR THE PRESCHOOL CEREBRAL PALSID

ISABEL P. ROBINAUT, O.T.R., M.A.

Instructor and O.T. Supervisor for  
Postgraduate Courses in Cerebral Palsy  
Columbia University, College of Physicians  
and Surgeons

Until recently occupational therapy in preschool cerebral palsy centers was mainly concerned with the mechanics of grasp, release and placement, with its subsequent application to feeding, dressing and prewriting skills. Those children who completed these activities of daily living were transferred into schools upon reaching school age. Often the clinic heard nothing but successful reports of their work in first grade. However as some of the youngsters reached second and third grade, mothers would return with a variety of complaints: they were "pokey" in reading, the teacher criticized their writing, some words or letters seemed to cause difficulty continually, and finally they just didn't seem interested in school work. In other words, now that they were expected to use reading and writing as a tool to learning, they still stumbled over the basic mechanics more than the average child. Inasmuch as there was often little motor disability to account for these failures, subsequent psychological tests indicated that sensory perceptive difficulties were often the basis for this poor performance. Therefore it was necessary to broaden the concept of the role of occupational therapy to include teaching color, shape and size discrimination to the preschool youngster, thus laying a foundation for the more complex perceptive patterns needed in school work.

This integration of the total preschool needs of the children was formulated during my last year as director of occupational therapy at the Lenox Hill Preschool Cerebral Palsy Center\*. Rather than construct special equipment, we attempted to organize our toys in a way that would contribute progressive learning steps. Through the cooperation of the American Toy Institute, research division of the Toy Manufacturers of the U.S.A., individual manufacturers provided a variety of toys for this project in line with studies being carried out by the Institute with the National Society for Crippled Children. It would be unfounded to claim that these brain-injured children were given specific therapy for their perceptive losses but this method does provide an orderly attempt to approach their perceptive problems at a preschool level.

Fortunately many preschool toys are made in attractive, primary colors which are valuable teaching aids. Authorities in the education of brain-injured children point out that "color perception

and responsiveness to color remain intact in spite of the severest disturbances of perceptual or general integration."<sup>1</sup> A simple experiment, in which we painted a Holgate form box (Jack's House) so that the outline of each hole matched the color of the block fitting into it, effectively showed the value of color cues for our cerebral palsied children (see Chart 1).

CHART 1  
Time (seconds) Taken to Place in Form Box

Child	Box with		
	Regular Box (seconds)	Color Cues (seconds)	Regular Box (seconds)
A .....	19	19	21
B .....	10	6	7
C .....	6	27	6
D .....	12	6	12
E .....	25	25	22
F .....	55	17	140
G .....	8	6	8
H .....	60	25	110
I .....	55	35	52
J .....	26	15	33
K .....	26	9	11

Although many youngsters seem to know the names of colors, this is frequently mere parroting and accidental success. According to Gesell, a four-year-old will be able to name one color correctly, primarily red.<sup>2</sup> However before the child names a color, the color concept may be encouraged by matching colors, keeping other variables constant such as size and shape. There are a number of excellent toys used to satisfy the mechanical requirements for developing grasp, release and placement that also present ample opportunity to practice color discrimination (see Appendix A).

Most three-year-olds will be able to tell "big" from "little" easily but gradations in between are more difficult. Several interesting toys may be adapted for this (see Appendix B). If one starts with the widest differentiation in size, adding only one size unit as it is easily recognized, children will learn to look for the finest gradation. Not only is the knowledge acquired valuable to the child but the attention span built up in this type of constructive play is carried over to other learning situations.

By the time the child reaches the mental age

\*Supported by the New York State Association for Crippled Children.

of two, discrimination of basic shapes should be introduced into his therapy. He should have the opportunity of learning these with and without color cues. It is wise to present the first shape (usually round) in as many media as possible (different toys, matching papers, matching plates, etc.). This prevents mere rote learning. We have seen several children place basic forms in the box of one manufacturer's toy but not in the box of another. In these instances the children merely memorized the total concept of the first box but have not grasped the difference between the basic shapes involved.

CHART 2

Discrimination of Basic Forms  
(children listed by date of birth)

None	Circle	Circle, Square	
		Circle, Square	Circle, Square
		Circle	Square
4-244	4-244	4-243	5-242
3-245	8-244	9-247	
12-247	1-245	10-248	
2-248	1-247	1-249	
1-248	11-247	1-249	
7-248	7-248	1-249	
3-248	2-249	1-49	(42 children)
6-249	5-249	7-249	
11-249	3-250	8-249	
11-249	3-250	8-249	
1-250		8-249	
1-250			
1-250			
1-250			
3-250			
			3-250
15	10	11	42 = 78
Total Number of Children			

*Summary:* Nearly half (36) of the cerebral palsied children of three years or older were unable to identify three basic forms. This preliminary experiment can eventually open avenues of investigation into correlation of perception with disability, diagnosis, age of first success, etc. It is presented at this stage to suggest the opportunities for research among cerebral palsied children using standard, easily accessible materials.

According to Gesell the 3-year-old is able to solve a 3-hole formboard.<sup>2</sup> In applying this knowledge to the children of our clinic, extent of physical disability was ruled out by giving the children all the time they needed within a half-hour therapy session and using whatever means of recognition of which they were capable (placement, pointing to the proper hole, spoken or nodded directions). By March, 1953, seventy-eight cerebral palsied children born before March, 1950, showed a wide variety of response in discriminating basic forms (see Chart 2).

Many therapists, as well as parents, are inclined to present a child with a complete toy and then

wonder why his interest in it fails. It fails frequently because the toy is too great a challenge in its completed form, and it's no fun repeating failures. In presenting a form box or form board, for instance, it is well to take the pieces apart and give the child only one at a time. Find out what is the child's level of success and work up from that slowly until he is able to master presentation and discrimination of all pieces. This is not a quick process. Chart 3 shows how long it took Peter, a cooperative cerebral palsied child, to learn how to place all the forms in a form box. Peter was a right hemiplegic who used his left hand for this toy. His performance time was not on the basis of physical disability since he was quite adept at using his left hand. These figures are presented not because they are characteristic of all cerebral palsy learning nor are they this child's optimum for learning, but they do point out a developmental pattern that can be a guide for presentation of learning matter.

CHART 3

Peter's Time Interval in Learning Form Box

	Date	Age
Born .....	2-249	
Tested, no success .....	1-251	1 yr. 11 mos.
Circle accomplished .....	2-252	3 yr. 0 mos.
Square accomplished .....	11-252	3 yr. 9 mos.
Triangle accomplished .....	3-253	4 yr. 1 mos.

Simple forms, with and without color cues, should follow these basic shapes and when success is achieved in this area, puzzles may be selected to teach progressive learning steps. This emphasis on visual discrimination of forms is not arbitrary but lays the foundation for future recognition of the alphabet which is, after all, a variety of symbolic forms. Games and puzzles teaching recognition and organization of simple forms employ factors eventually needed for reading and writing, namely: perception and integration of wholes, organization of space, relation of materials, and identification of foreground against background.<sup>1</sup>

Before presenting them to a child, puzzles should be carefully studied for the following reasons: (1) If the "well" (the depressed section into which the pieces fit) is the same color as the top piece, then the children may have difficulty in gaining a visual concept of the depth and may be prevented from seeing the outline to be filled in. (2) If all the pieces are removed before they are identified ("Here's the pussy"; "Here's the red hat of the piggy") the child loses an original concept to follow. If only one piece is removed and then replaced, then a second removed and replaced, etc., the child will build up better perception for individual shapes as well as for their integration within the whole. Although all the



CHART 4

Time Needed to Complete Increasingly Complex Puzzles

Hand Affected	Birth Date	Sifo		Playskool		Strauss R.R. Train	Sifo Three Pigs	Playskool Parquetry		Bonhop	
		Form Board	Begin (1 pc)	Pig (3 pc)	Duck (4 pc)			No. 2	No. 5	Train	Fire Engine
R	3-49	55"	25"	26"	1'35"	2'25"	—	—	—	—	—
R	10-48	67"	23"	30"	—	—	—	—	—	—	—
R	6-48	50"	26"	1'04"	2'55"	—	—	—	—	—	—
R	6-47	50"	12"	14"	1'10"	2'30"	—	—	—	—	—
L	2-47	25"	11"	28"	24"	1'25"	—	3'05"	—	—	—
L	4-47	22"	11"	22"	17"	55"	—	—	—	—	—
L	6-47	53"	15"	16"	—	—	—	—	—	—	—
Normal Control	5-46	21"	13"	17"	16"	38"	1'40"	2'50"	2'40"	1'40"	3'40"
L	12-45	51"	11"	10"	10"	2'15"	8'30"	—	4'58"	—	5'50"
R	9-45	42"	22"	25"	25"	1'19"	—	—	6'15"	—	—
R	9-45	25"	8"	16"	16"	2'15"	13'00"	—	5'20"	—	—
R	7-44	20"	10"	11"	11"	47"	5'59"	—	4'25"	—	—
L	7-43	25"	16"	9"	9"	1'55"	—	3'15"	3'42"	5'30"	5'00"
R	10-43	17"	14"	10"	10"	1'35"	6'00"	4'50"	—	4'55"	—

children taking occupational therapy are timed for performance in organizing puzzles, the results of only the hemiplegics will be presented for there was no involvement of the lead hand performing the work, thus indicating perceptive differences free of motor handicap. The puzzles progress from (1) a form board through (2) one, two and three-piece units, up to (3) the last ones which have few interlocking parts but depend upon total concept for ease of accomplishment. The youngest child in our clinic to accomplish any three-piece puzzle was a three-and-a-half year old, which should guide one against presenting complex forms too early. The poor performance of some of the children older than the *normal control* indicates a need for intensive analysis of their perceptive difficulties (see Chart 4).

Parents, watching a child in therapy, often report that "Johnny has that toy at home but he never plays with it." They seem to assume that they have done their part by buying the toy and it's now up to Johnnie to play with it. It is just as unlikely that a child will immediately see the resources of a toy as it is for a grownup to be a good golfer upon the presentation of a set of clubs. There are ways of holding the toy which can correct physical disability and there are progressive steps in perception which make play a profitable experience for the cerebral palsied. That is why we suggest one planned play session a day of from five minutes to a half hour, depending upon the attention span of the child, wherein mother uses the technics demonstrated by the occupational therapist. A child given this opportunity will eventually incorporate things learned at play with his mother into his free play. He will also have the fundamentals of color, shape and size to apply to the variety of everyday life and to lay the foundation for the more complex demands of academic education.

## Appendix A. Toys Used to Teach Color Discrimination

Bill Ding Clowns .....	Strombeck Becker Mfg. Co.
Wooden Beads .....	Paul Bonhop Inc.; Playskool Mfg. Co.
6 Pegs, Ringin' Peggie .....	Embossing Co.
Color Cone .....	Holgate Brothers Co.
Piggy Bank and Poker Chips .....	Home made
Color Tree .....	Childhood Interests Inc.
Peggy Ball Pull .....	Playskool Mfg. Co.
Sailor Peg Boat .....	Holgate Brothers Co.
Parquetry Blocks .....	Playskool Mfg. Co.
Col-o-Rol Blocks .....	Playskool Mfg. Co.
Fruit Plate .....	Playskool Mfg. Co.
Color Xylo .....	Childhood Interests Inc.
Color Cubes .....	Embossing Co.

## Appendix B. Toys Used to Teach Size Discrimination

Nested Blocks .....	Sam'l Gabriel Sons & Co.
Q-T Zoo .....	Brian Specialties Inc.
Wood Screws .....	Playskool Mfg. Co.
Nested Houses .....	Embossing Co.
Color Cone .....	Holgate Brothers Co.
Twelve Peg Car .....	Holgate Brothers Co.
Nesting Cup Cart .....	Holgate Brothers Co.
Dolly Pull .....	Playskool Mfg. Co.
Log Sticks .....	Charlen Products Inc.

Appendix C. Toys Used to Teach Shape Discrimination  
Basic Forms

Postal Station .....	Playskool Mfg. Co.
Jack's House .....	Holgate Brothers Co.
Form Box .....	Paul Bonhop Inc.
Form Peg Wagon .....	Holgate Brothers Co.
Tri-form Car .....	Holgate Brothers

## Basic Forms with Color Cues

Col-O-Rol Blocks .....	Playskool Mfg. Co.
Parquetry Blocks .....	Playskool Mfg. Co.
Coordination Board .....	Sifo Company
Magic Dots .....	Milton Bradley Co.
Color Cubes .....	Embossing Co.

## Simple Forms

2 pc. Transportation Set .....	Sifo Company
2 pc. Circus Set .....	Sifo Company
These Fit Together .....	Sam'l Gabriel Sons & Co.

(Continued on page 7)

# ARE YOU A STUDENT ADVISOR?

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Whether you are a clinical training director or a school director, you undoubtedly have many opportunities to advise students during your working hours. And have you stopped to consider the important position that you are playing in the lives of these students whom you are advising? This task of advising has been considered so essential at the University of Chicago that the following suggestions have been made: members chosen to serve as counselors or advisors should receive in-service education in personnel work by (1) weekly conferences, (2) informal conversations with other counselors, and (3) working with specialists on various cases.<sup>1</sup>

## RESPONSIBILITIES OF AN ADVISOR

The purpose of an advisor in a school or hospital is to establish a helpful and satisfactory relationship between the director and the student in order for the latter to feel free to seek advice at any time. This can be a profitable experience for both concerned if the advisor understands his responsibilities and is prepared to meet them. Other important responsibilities of an advisor would undoubtedly concern the purpose and objectives of the occupational therapy department. With these clearly in mind, the director should then outline a program of procedures that would prepare him to serve his students more competently. Williamson and Darley have suggested a list of procedures that could be followed:

- (1) Analysis of an individual's strengths and weaknesses by means of measuring instruments and techniques.
- (2) Synthesis of the detailed information into a unified picture of the student.
- (3) Diagnosis of the problems, if any, by the preliminary study of the individual.
- (4) Prognosis in terms of courses of action that seem promising.
- (5) Plan with which to carry out the chosen line of action.
- (6) Follow-up of action taken.<sup>2</sup>

In view of the above procedures, the occupational therapy advisor might carry out such a program by the use of the following techniques:

- (1) Aptitude tests and personnel records in schools.
- (2) Personal data sheets and pre-affiliation examinations in clinical training centers.
- (3) Interviews.
- (4) Observation.
- (5) Plan of program or curriculum.
- (6) Placement references.

The first technique to be used for the occupational therapy students is the testing program. As Ruth Strang states, "Through standardized tests, superior ability may thus be detected and if used wisely, the results of these tests contribute to certain phases of the student's total personality."<sup>3</sup> The purpose of an aptitude testing program is to assist the advisor in determining whether or not a student should enter the occupational therapy curriculum, and to find an objective means for helping to predict the success or failure of a student. This technique would be used chiefly by the school advisor rather than the clinical training advisors. The latter find the personal data sheets which are sent to them from the schools, plus the pre-affiliation examination, measures which determine the strong points and weaknesses of the students. It has been found that the aptitude tests together with records that are available, have partially prepared the advisor for the interview which is the next important step in the advisory program.

In this regard, Ruth Strang stated that the interview which is well defined as a conversation with a purpose, is the most universally used technique of personnel work.<sup>4</sup> The purpose of the interview is to establish congenial relations with the student, obtain information concerning the student's background, attitudes and interests, and to give information, encouragement and assistance in future planning. There are undoubtedly many methods of advising during an interview, but E. G. Williamson lists three methods that would seem adequate: (1) direct advising in which the advisor frankly states his opinions, (2) persuasive method, used when one choice is preferred, (3) explanatory method which gives the advisor more time to explain. (This is the most satisfactory method, but it requires many interviews.)<sup>5</sup> The method used would probably differ with the individual. If the student has been made to feel at ease, and is willing to cooperate, the interview can be a worthwhile experience for both the advisor and the student. However there are a few points that the advisor should remember in order to make it a success:

- (1) Try to have quiet, pleasant surroundings
- (2) Be interested in the student's problems
- (3) Ask questions, and try to give as complete answers as possible
- (4) If there is no immediate answer to the problem, refer the student to other persons or services that may be available to him

(5) Try to gain as much information as possible from other members of institution, parents, friends, or employers

(6) Let the student know that you are there to advise him if he so desires.

Each student will present a different experience to the advisor, and the length of time and number of interviews will also vary considerably. It is the responsibility of the advisor to individualize the interview for each student.

The third technique concerns observation by the advisor, in order to obtain a clearer picture of the student's problems that were revealed during the interview. Observation may be classified as subjective or objective, the latter of which is usually suggested. An advisor would be able to observe a student objectively in the classroom, in a group, or individually. Since the occupational therapy classes are comparatively small, classroom or clinic observation is possible and effective for general purposes. However for those students who need guidance, a small group would allow the advisor to make closer observations, and the individual contact is still more effective. Wherever the advisor makes his observations, it is wise for him to keep personal notes for future interviews and conferences. One way in which these notes are kept is by an evaluation sheet or a rating scale which is termed "directed observation." Some of the qualities that may be found on a rating scale are listed as follows:

- (1) Ability of students to obtain information from sources other than rating
- (2) Attitudes toward one's responsibilities
- (3) Creativeness and imagination
- (4) Influence
- (5) Inquiring mind
- (6) Openmindedness
- (7) Perseverance
- (8) Power and analysis habit
- (9) Energy or vitality
- (10) Emotional response and stability
- (11) Personal relationships
- (12) Interest in major field<sup>6</sup>

In a small group such as the occupational therapy classes, the above type of rating scale would probably be valid. If possible the advisor should review these ratings with the student so that the latter will be able to improve his weak points. In general the advisor should be a good judge of personality if he expects to obtain good results from this type of observation.

#### PLACEMENT SERVICE

After the advisor has given the tests that are available, has had successful interviews and has observed the student by various methods, he is better prepared to plan and carry out the student's

program. While the student is taking the didactic preparation as well as the clinical affiliations, each advisor should emphasize the final technique: placement. During the school years, the student should file an application with the placement service in his school, and the advisor should continually suggest the opportunities that are available. Likewise the clinical training advisor should bring the most recent placement information to the attention of the student. In this way the student will be better prepared to seek a position at the completion of his training.

The above procedures and techniques for advising occupational therapy students have been stated in order to emphasize the importance of the advisor's responsibilities toward the student. However it is obvious that techniques and procedures without wise therapists to administer them are invalid.

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5. Williamson, E. G. *How to Counsel Students*. McGraw-Hill Book Co., 1939, page 138.
6. Smith, Eugene R. "Judging and Recording Pupil Characteristics," *Educational Record*, Vol. XV, January, 1934, pages 87-105.

#### Perception Technics . . .

(Continued from page 5)

Watch and Match .....	Sam'l Gabriel Sons & Co.
Our Family Puzzles .....	Sam'l Gabriel Sons & Co.
Push Out Stick'ems .....	Platt & Munk Co.
Fruit Plate .....	Playskool Mfg. Co.
Train Apart .....	Strom Becker Mfg. Co.

#### Puzzles

Coordination Board .....	Sifo Company
Beginner Puzzles .....	Sifo Company
Juvenile Plaque; Pig, Duck .....	Playskool Mfg. Co.
Railroad Station .....	Joseph K. Strauss
Three Little Pigs .....	Sifo Company
Parquetry Blocks .....	Playskool Mfg. Co.
Train .....	Paul Bonhop, Inc.
Fire Engine .....	Paul Bonhop, Inc.

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# DRESSING TECHNIQUES FOR THE CEREBRAL PALSID CHILD

**FOREWORD:** To exchange ideas and discuss their therapy problems in relation to the cerebral palsied, the occupational therapists in and around New York City have been meeting bi-monthly. This paper is the result of their combined thinking about the problems of dressing techniques. An article carried in the July-August, 1953, issue of AJOT pertained to their discussions of feeding training. A second article carried in the September-October, 1953, issue was concerned with teaching writing. The occupational therapists contributing to the following article represented the following clinics:

Bergen County Cerebral Palsy Center, Ridgewood, New Jersey  
 Branch Brook Public School, Newark, New Jersey  
 Columbia University School of O. T., New York, New York  
 Coordinating Council for Cerebral Palsy, New York  
 Cerebral Palsy League of New Jersey - Essex County, Newark, New Jersey  
 Cerebral Palsy Treatment Center, Hoboken, New Jersey  
 Godmothers' League C. P. Treatment Center, New York, New York  
 House of St. Giles the Cripple, Garden City, New York  
 Hospital for Special Surgery, New York, New York  
 Institute for Physical Medicine and Rehabilitation, New York, New York  
 Lenox Hill Hospital, New York, New York  
 Long Island College Hospital, Brooklyn, New York  
 New York State Rehabilitation Hospital, West Haverstraw, New York  
 Passaic County Cerebral Palsy Center, Clifton, New Jersey  
 Public School No. 85, Bronx, New York  
 Public School No. 135, New York, New York  
 Public School No. 118, Queens, New York

## INTRODUCTION

In teaching dressing to the cerebral palsied child, we must realize that he may not spontaneously learn to undress and dress himself as the normal child does. However the therapist should teach the cerebral palsied child according to the normal progression but at his own rate of speed.

The normal child does not begin dressing activities until about eighteen months of age. At that time he sits unsupported in a chair, he purposefully places arms and legs into clothing and has already mastered fine coordinated hand movements. He learns to dress himself in the following progression:<sup>1</sup>

- 18 months: He begins by putting on his hat, socks, mittens and cooperates in dressing by extending an arm or leg into clothing.
- 2 years: Removes his shoes, socks and pants and he likes to undress.
- 2½ years: Takes off all his clothes and can put on his socks, shirt and coat, although not always accurately.

- 3 years: Undresses rapidly and well, including front and side buttons. He is able to dress except for heavy outer clothing, but cannot tell front from back.
- 4 years: Dresses and undresses with little assistance, especially if his clothes are laid out. He can distinguish back from front, lace his shoes, and may be able to button front buttons.
- 5 years: Dresses and undresses completely except for back buttons and tying his shoelaces.

## PLANNING THE PROGRAM

Many therapists have difficulty deciding when the child is actually ready for dressing. We have found that if a child can sit, has the use of one hand, and has his feeding well established, he may be ready to be taught undressing. Several areas must be considered first. The answers to the following questions will determine at which level teaching should begin.

1. Mental Readiness of Child:
  - a. Does he imitate motion directions?
  - b. Does he follow verbal directions?
  - c. Does he have any perceptual difficulty?
  - d. Does he relate clothing to appropriate part of the body? (Head into neck opening; arm into sleeve.)
2. Body Balance:
  - a. Does he sit in a chair with arms?
  - b. Does he sit in a straight chair?
  - c. Does he lean free from back of chair?
  - d. Does he sit on mat or stool?
  - e. Does he kneel?
  - f. Does he stand holding with one hand or by leaning?
3. Range of Motion:
  - a. Does he grasp with one or both hands?
  - b. Does he place one or both hands to back of neck?
  - c. Does he place one or both hands over top of head?
  - d. Does he have opposition with one or both hands?
4. Performance Testing:
  - a. Does he undress without supervision, except for fastenings?
  - b. Does he dress without supervision except for fastenings?
  - c. Does he undo fastenings?
  - d. Does he do fastenings?

Under performance testing, the first item is undressing. This is the way the normal child learns, this is the first step for the handicapped child. It is of practical value in the home, too, since more time can be allotted to undressing in the evening as compared to the morning rush. After undressing is mastered, the emphasis is placed on

1. Gesell, Arnold and Ilg, Frances, *The Child from Five to Ten*, Harper and Brothers, New York, 1946, pp. 266-268.



dressing. The last steps to be taught are fastenings such as buttons, snaps and laces, for they require a great deal of time and skill.

In the following discussions of techniques, progression has been outlined from undershirt to socks. We have found this order easiest for even the most handicapped child. Normal methods of dressing and undressing are not included in this discussion, but they are the ideal when possible.

For all the following procedures, place the child in the position found to be the best for him in the evaluation. Adapted equipment is not necessary; for example the floor, a sofa or large easy chair may be used at home providing the child is secure and his feet are not left dangling. Use large or stretched out clothing for practice and remove the child's braces if they interfere.

Since some of the simple techniques described may be difficult to visualize, the reader is urged to try the techniques, step by step, with the appropriate article of clothing.

We have used the term *lead* for the least handicapped extremity and *involved* for the more handicapped extremity in the following description of techniques.

### UNDRESSING

#### UNDERSHIRT, SLIP-ON SWEATER, POLO SHIRT AND DRESS

(1) *Duck-the-Head Method*: The child reaches to the back of the neck opening with one or both hands, ducks his head and pulls the neck opening forward over his head. His lead hand then grasps the edge of the opposite sleeve and pulls the sleeve off his arm. The involved hand then pulls the sleeve off the lead arm or the child shakes the sleeve off.

(2) *Arms-out-First Method*: For short sleeves, the lead hand grasps the edge of the opposite sleeve and pulls it forward over his elbow as the involved arm pulls back through the armhole. For long sleeves, the child raises his involved arm to shoulder level, flexes his elbow, then the lead hand grasps the underarm of the sleeve and pulls it down and forward while the involved arm pulls back and out. Follow the same procedure for the other side, with the involved hand now pulling down. The child now takes his head out as in the duck-the-head method.

#### CARDIGAN, COAT, JACKET AND OPEN SHIRT

(1) *Flip-over Method*: This method is particularly good for those unable to place arms behind back and for the retarded. The child leans forward, ducks his head, grasps his garment at the back of the neck with both hands and pulls it forward over his head. The child then pulls the

garment, which is now in front of him, off both arms.

(2) *Arms-in-Front Method*: The child pulls his garment off his lead shoulder, the involved hand pulls the opposite sleeve down or forward while the lead arm wiggles out. The lead hand then pulls the entire garment around to the front and takes the sleeve off involved arm.

(3) *Arms-in-Back Method*: The child puts both hands behind his back, pulls the sleeve off the involved arm with the lead hand, then brings arms forward and removes the sleeve from the lead arm.

#### TROUSERS, SKIRT AND UNDERPANTS

(1) *Lying-down Method*: The child pulls his garment down over buttocks while he rolls from side to side or he may arch his back and then push garment down. He then wiggles his body back and out. He usually kicks the garment off the feet.

(2) *Sitting-up Method*:

(a) *Chair*: The child braces his feet and hoists his body, using both hands to push his garment down over buttocks; or he may hoist his body with one arm and use other to push garment down. He finishes by leaning forward and pulling the garment up by the cuffs or hem or he simply kicks it off.

(b) *Mat*: The child starts by pushing his garment forward while wiggling his body back and out or he rolls from side to side while pushing his garment forward. He finishes by either bending his knees close to his body and pulling garment off by the cuffs or hem or, for trousers, by crossing legs and pulling one cuff off at a time.

(3) *Kneeling Method*: The child pulls his garment down over his hips and buttocks, then he sits and finishes as in the sitting method.

(4) *Fair Standing Method*: The child holds onto a piece of stable furniture with one arm or he leans against it. He starts by pushing his garment down past his knees with one or both hands and finishes by sitting and pulling off as in other sitting methods or simply steps free of it.

#### SHOES

Shoe laces may be loosened or unlaced if child is unable to do so for himself.

(1) *Boot-Jack Method*: With his shoe wedged in a boot-jack, the child pulls his foot out while shoe remains in the boot-jack. Boot-jacks may be purchased in stores dealing in riding equipment or made of wood in the occupational therapy shop.

(2) *Rub Method*: The child dorsi-flexes ankle and rubs the back of his shoe off against the mat or footstool or the toe of his other shoe.

(3) *Push-Pull Method*: With one foot resting on his opposite knee, the child pulls the toe of his shoe up with one hand while he pulls the heel down with the other hand. This may also be done with the legs uncrossed.

#### SOCKS

(1) *Rub Method*: The child pushes and rolls the sock down as far as possible using either one or two hands or by rubbing against a mat. He then finishes by grasping the toe of the sock and pulling it off.

(2) *Hook-and-Pull Method*: The child hooks his thumb or fingers at the back of the sock directly above the heel and pulls straight down over his heel. He then grasps the toe of his sock and pulls it off.

#### DRESSING

##### UNDERSHIRT, SLIP-ON SWEATER, POLO SHIRT AND DRESS

(1) *Duck-the-Head Method*: The child grasps the back bottom of the garment, ducks his head forward and pulls the garment over his head. Lead hand then holds the bottom open wide while the involved hand pushes through the armhole. Repeat for the lead arm.

(2) *Arms-in-First Method*: The child lays the garment flat on his lap or on a table, with the front side down. He then opens the back bottom of the garment with his lead hand and pushes his involved arm into the sleeve. The lead hand then pushes the sleeve up past the elbow of the involved arm. Repeat for the lead arm. Lead hand now firmly grasps the back of the garment and pulls it over his head. Finish by pulling down all around.

##### CARDIGAN, COAT, JACKET AND OPEN SHIRT

(1) *Flip-over Method*: The child lays the garment flat on his lap or on a table with the collar near his body and the lining showing. He then pushes both arms into the sleeves, or the involved arm first, lead arm second. He then ducks his head forward while raising extended arms over his head. Finish by shrugging shoulders and pulling down.

(2) *Pull-from-Front Method*: The child pulls the sleeve over his involved arm, lead hand grasps the opposite shoulder and pulls it over his head to the other shoulder and gives it to the involved hand to hold. He then finds the armhole with his lead hand and pushes arm into sleeve.

##### TROUSERS, SKIRT, UNDERPANTS

(1) *Lying-down Method*: The child puts both feet, or one foot at a time, into garment and while he rolls from side to side he pulls the garment up. Or he wiggles forward into the garment by a series

of arching movements while pulling up with both hands.

#### (2) *Sitting Method*:

(a) *Chair*: The child holds the garment open and puts both feet in or, with trousers, he rests his ankle on the opposite knee and puts one pants leg on, then repeats for the other leg. He then pulls garment up past his knees, hoists his body with one arm or by bracing his feet and finishes by pulling up past buttocks with one or both hands.

(b) *Mat*: For donning skirt, child holds garment open and puts both feet in. For trousers, he crosses involved leg over opposite knee and puts pants leg on; or he picks up one leg at a time and, with knee bent close to the body, puts foot into pants leg. Using either method, he repeats for the other leg. He then pulls garment up past his knees and pulls on the rest of the way by wiggling his body forward into it, or by rolling from side to side.

(3) *Kneeling Method*: Start as in sitting method, on a mat, to get feet into garment. After the garment is pulled up past his knees, the child then kneels and pulls it up past buttocks with one or both hands.

(4) *Fair Standing Method*: Start as in sitting method, on chair. The child then holds on to furniture with one hand and pulls garment up with the other, or leans against the wall and uses both hands to pull up.

#### SOCKS

(1) *Scuff or Fold-in-Half Method*: The upper part of the sock is folded back at the heel so that the sock looks like a scuff slipper. The child grasps both sides of the folded sock, puts his toes in, and pulls the sock over his foot. He then grasps the cuff of the sock and pulls it up over his heel and up leg.

#### SHOES

(1) *Box Method*: The shoe is placed in a box in front of the child, or against furniture or wall. The child plantar flexes his foot, points toes into the shoe and then pushes foot forward and down.

(2) *Shoe-Horn Method*: The child inserts a shoe-horn in the back of his shoe, puts his toes in and pushes down and forward with his foot as he removes the shoe-horn. This is especially useful with high shoes.

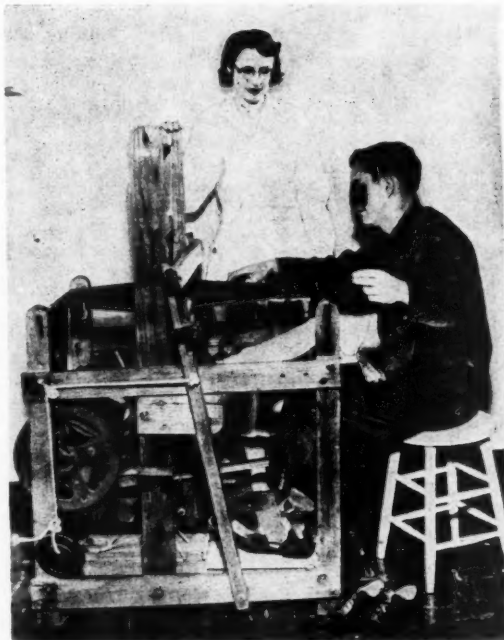
(3) *Pull-Method*: The child rests one foot on the opposite knee or simply lifts his foot up. He then holds the shoe open in front, including the tongue, plantar flexes his foot and pushes his toes in while the other hand pushes up on the bottom of the shoe.

(Continued on page 37)

## *Apparatus Aids*

### ADAPTED FLOOR LOOM FOR STRENGTHENING WEAK ANKLE DORSIFLEXORS<sup>1</sup>

GEORGE W. GEISS, LT. COL., M.C.<sup>2</sup>  
CORDELIA MYERS, CAPT., W.M.S.C.<sup>3</sup>  
and  
HERSHEL BEVILL, SGT., A. Med. S.<sup>4</sup>



*The loom in operation. The foot has been dorsiflexed and a shed simultaneously produced. The method of attachment of the orthopedic shoe to the platform and to the harness is clearly visible.*

Of all patients examined in the physical medicine service of an Army general hospital, a significant number is found to be disabled by weak ankle dorsiflexors. Although the prognosis is good, the rehabilitation of patients with this disability invariably requires a well coordinated program of physical and occupational therapy. The prudent use of mechanical devices for the administration of the obvious therapeutic exercises in both physical and occupational therapy plays an extremely important part in the success of this program. In the field of physical therapy, the Elgin ankle exerciser, developed by DeLorme and Watkins<sup>5</sup>, contributes immeasurably to the program. Precision made and possessing accurate controls, this device is an efficient means for assisting exercises in strengthening weak ankle dorsiflexors.

AJOT VIII, 1, 1954

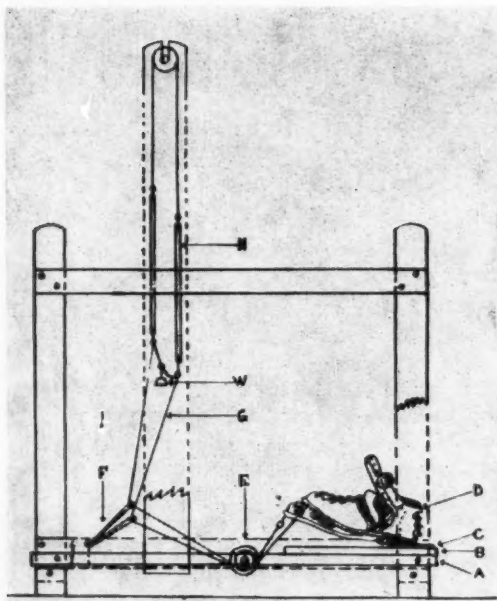
The conventional mechanical devices used in the occupational therapy clinic for the rehabilitation of disabled ankles are: the bicycle saw, the treadle sander and the treadle sewing machine. Analysis of their operation reveals that each device effectively assists in the administration of two types of exercises to the ankle — active exercises to the plantar flexor muscles and passive exercises to the dorsi flexor muscles. The therapeutic value of these devices is strengthening of the plantar flexor muscles and mobilization of the ankle.

In the course of treatment of many patients with ankle dorsiflexors at Murphy Army hospital, the need for an occupational therapy device which would give graded active exercise to weak ankle dorsiflexors became increasingly apparent. To be efficient it must be operated on the principle of the Elgin ankle exerciser. A device which is operated solely by the ankle dorsiflexors and permits the application of graded resistance to the action of the dorsiflexors would meet these requirements. It is conceivable that such a device would shorten the period of convalescence for patients with this disability. One device designed at this hospital to furnish only graded active exercises to weak ankle dorsiflexors is the following adapted two harness treadle floor loom.

#### DESCRIPTION

Because of the resistance offered by the weight of the harness in a large loom<sup>6</sup>, a 28 - 34 inch two harness treadle floor loom is preferred for the adaptation (Figure 1). The free ends of the

1. From the Physical Medicine Service, Murphy Army Hospital, Waltham, Mass.
2. Clinical Fellow in Physical Medicine, Massachusetts General Hospital, Boston; formerly Chief, Physical Medicine Service, Murphy Army Hospital.
3. Chief Occupational Therapist, Murphy Army Hospital.
4. Chief Occupational Therapy Technician, Murphy Army Hospital.
5. DeLorme, T. L. and Watkins, A. L. *Progressive Resistive Exercise*. New York: Appleton, Century-Crafts, Inc. 1951.
6. The beginning amount of resistance of this adapted loom (given by operation of the harness minus any added weight) is four pounds, eight ounces by actual measurement.



Diagrammatic sketch showing end view of adapted two harness treadle floor loom.

treadles are securely attached to the front floor beam of the loom. A piece of plywood,  $\frac{1}{2} \times 12 \times 15$  inches, is screwed to the top surface of the treadles so that one of its narrow sides is flush with the outer edge of the front floor beam and the board as a whole is centered in the bottom framework of the loom. Two orthopedic shoes, size 11, with laced toes and ankle straps to permit accommodation of practically any sized feet, are attached to the plywood platform at the heel by means of ordinary 3-inch metal strap hinges (Figure 1). The hinge stabilizes the heel but permits the shoe from the heel to the toe to move upward from the plywood base. Two 3-inch wooden pulleys, salvaged from a discarded wall and chest weight exercise apparatus, are anchored between the treadles about  $1\frac{1}{2}$  inches in front of the toe of each shoe and in line with the center of the toe (Figure 1). The shoes are attached to the harness by  $\frac{1}{4}$ -inch waxed orthopedic cord which runs from the attachment at the center of the toe of each shoe down under the pulley and up to the middle of the under surface of the bottom beam of each harness. Sufficient slack is allowed in the cord to permit closing of the shed. The slack is taken up by running each cord through a number 32 ordinary rubber band which is attached under tension to a treadle about 12 inches behind the pulleys. Movement upward (dorsiflexion) of one shoe produces a shed. When held in this position the shuttle may be thrown as the patient is demonstrating in Figure 1. Relaxing the foot to the neutral or resting position on the plywood platform

causes the rubber band to take up the slack and thereby close the shed. Raising the opposite foot produces a similar action. Alternate action of the feet produces a change of shed and permits the weaving to be accomplished. To increase the resistance in the operation of the loom, a loop of stout twine with a  $\frac{3}{4}$ -inch metal ring attached to its center is securely fastened to the middle of the under surface of the bottom beam of each harness. This twine should be of such length that when the one harness is raised the ring is above the level of the bottom beam of the unraised harness. The ring permits easy attachment of the graded weights.

Through the use of the graded weights the operation of the loom becomes a modified form of progressive resistive exercise. A diagrammatic sketch of the detailed adaptation of the loom is shown in Figure 2.

#### KEY TO FIGURE 2.

- A. Treadle (stationary)
- B. Wooden platform (stationary)
- C. 3-inch metal strap hinge
- D. Orthopedic shoe
- E. 3-inch wall and chest weight pulley
- F. Size 32 ordinary rubber band
- G.  $\frac{1}{4}$ -inch waxed orthopedic cord
- H. Harness
- W. Graded weight

#### CONCLUSION AND SUMMARY

1. An adaptation of a two harness treadle loom to be used in the physical rehabilitation of weak ankle dorsiflexors has been devised and is described herein.
2. The adapted loom uses the principle of progressive resistive exercise in the strengthening of weak ankle dorsiflexors.
3. The adapted loom permits function of only the dorsiflexors of the foot, hence the patient cannot substitute other muscles for the dorsiflexors.
4. Through the use of this adapted two harness treadle loom the convalescent period of patients with weak ankle dorsiflexors has been appreciably shortened.
5. In cases treated to date, this adapted two harness treadle loom has been a valuable adjunct to the occupational therapy section of the physical medicine service, Murphy Army Hospital, Waltham, Mass.

\* \* \* \*

Acknowledgements: We wish to express our thanks to Sgt. Peter P. Ruplenas of the medical illustration section, Murphy Army Hospital, for the preparation of the illustrations.



# ADAPTED WEIGHTED RESISTIVE APPARATUS\*

VIOLA W. SVENSSON, O.T.R.

MIRIAM C. BRENNAN, O.T.R.

## BICYCLE JIG SAW RESISTANCE ATTACHMENT



Figure 1

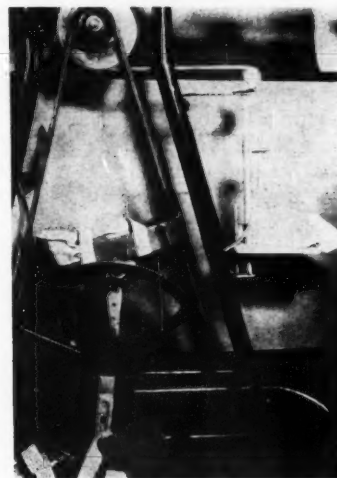


Figure 2

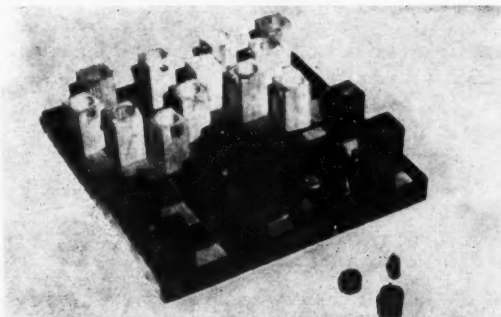
The resistance mechanism found on the Alexander and Theracycle bicycle saws are inadequate for determination, in definite terminology, of resistance given in exercise. Due to the emphasis on exact recording of resistance per pounds, we found it of utmost importance to reconstruct both vague systems of resistance.

As seen in Figure 1, the Alexander is made up on the belt-brake system of a car. With a new

wheel and leather band, a platform was hung free by means of pulleys so weights could be added. The platform can be clipped onto the frame to eliminate resistance.

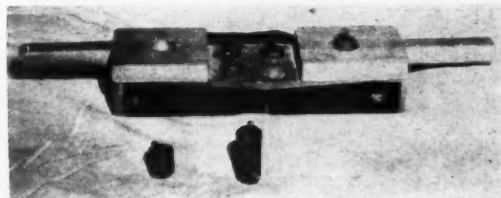
The Theracycle resistance (Figure 2) is on the same principle and by turning the aluminum plate sidewise onto the metal pole resistance is eliminated.

## CHECKERS



*Excellent for opposition, in particular. Utilized in graded resistance with lead weights.*

## SANDBLOCK



*Excellent for bilateral activity allowing graded resistive work by use of lead weights.*

\* The sixth of a series of illustrations of apparatus aids toward independent activities as designed and constructed in the occupational therapy department of the New York State Rehabilitation Hospital, West Haverstraw, New York.

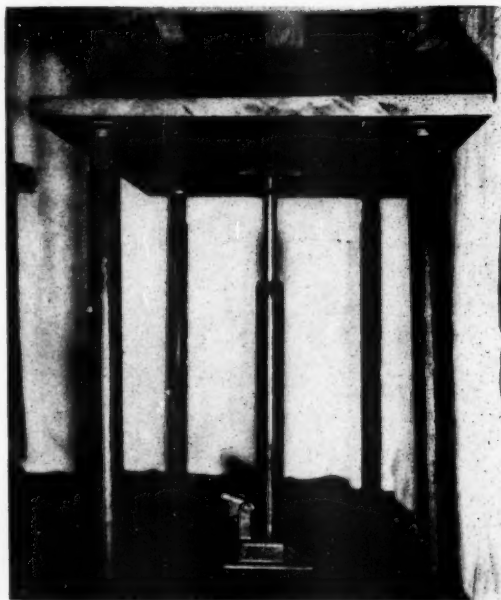
# THE HYDRAULIC ADJUSTABLE WORK TABLE

HAROLD SHALIK, O.T.R.  
Director of Occupational Therapy  
Iowa State Vocational Rehabilitation  
Training Center

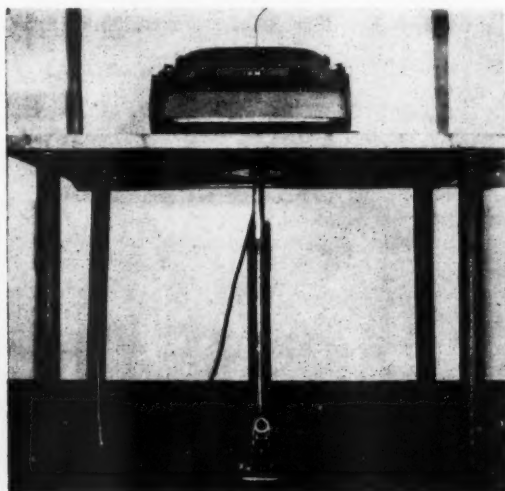
The utilization of the hydraulic jack in the construction of an all purpose adjustable work table represents another step forward in the raising and lowering of a table to any height, with minimum effort to patient or therapist. In the conventional adjustable table it is usually necessary to remove the equipment from the table before adjusting the four legs of the table to a new height. As a rule this is time consuming to the therapist and in most instances impossible for the patient to accomplish by himself. However by using the hydraulic jack it is only necessary to give the jack a few pumps, requiring very little energy, and the table is automatically adjusted to a new height without having to remove the equipment from the table.

By constructing a table with a hydraulic jack and telescoping legs the following advantages can be realized:

It (a) is sturdy; (b) can be easily raised and lowered to any height with heavy equipment upon it (e. g., a table loom; a standard or electric typewriter; etc.); (c) takes up little space; (d) is



*Side View of Table*



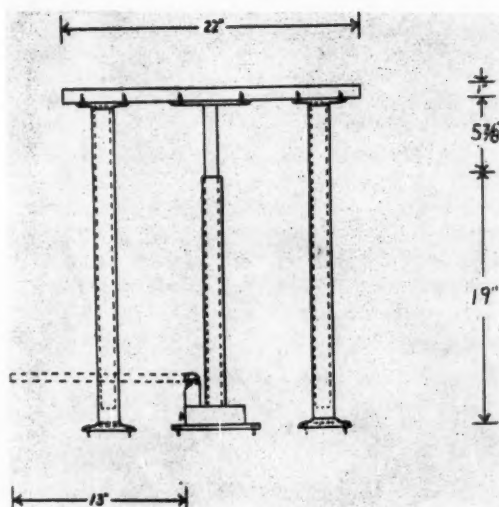
*Front View of Table*

relatively inexpensive to build; (e) has movable parts which will hold up under continued wear and tear; (f) can accommodate the arms of a wheelchair under it; (g) can be constructed of materials which are readily available; (h) can be constructed in a short period of time (about two hours); is not "gadgetty"; (i) can be adjusted to any height in a few seconds; and (k)

is adjustable for both sitting and standing patients (adjusts from a minimum height of twenty-five inches to a maximum of thirty-seven inches).

For this model adjustable table to function properly it is absolutely essential that the bottom legs be bolted down, otherwise the stability of the table will be impaired. The table used at the Iowa State Vocational Rehabilitation Training Center has the bottom legs bolted to the floor. It is, however, possible to make the table portable by bolting the legs to a board the same dimensions as the table top. Under normal working conditions the hydraulic jack and the bolted bottom pipe legs give ample support to prevent wobble. However if even greater stability is desired this can be accomplished by drilling holes vertically every inch in the pipes and inserting eye bolts into the holes to secure the legs. Another method is to drill a hole near the top of each of the four bottom pipes, then weld on a nut, and by the use of a stove bolt in each of the nuts, tighten the bolts at the desired height so that the telescoping legs are held firmly against one another by the bolts.

For maximum efficiency in the operation of the table, heavy equipment should be placed in the center of the table top if possible. This will ensure that a set of legs on one side will not re-



Diagrammatic Sketch of Table

ceive more strain than the legs on the other side.

A first look at the table may give the therapist the impression that the hydraulic jack placed in the middle, as it is, may interfere with the patient's legs. The eleven-inch distance from the edge of the table to the jack has proven sufficient in clinical practice and no difficulty has been encountered as a result of the position of the jack in the table.

The hydraulic jack has the advantage of a high compression ratio, i.e., a little work will produce a great amount of lifting power. To lower the table, it is only necessary to unscrew a bolt a few turns and the table will descend. Thus an individual with good upper extremities confined to a sitting position can raise and lower his own table without outside aid. In those cases where the patient cannot raise and lower the table, a few seconds of the therapist's time will accomplish this. The utilization of the hydraulic jack in this table is its simplest application. Where greater lifting power and stability are required, the four legs of the table can be made of hydraulic jacks, with the two jacks on each side coupled by a rod. Another more complex set-up, but simpler from the point of operation, is the use of the hydraulic jack with a motor attachment so that the table may be raised and lowered by the flick of a switch, in much the same manner as the seats in the latest model automobiles. These latter tables are theoretical considerations and they still remain to be worked out on experimental models.

Hydraulic jacks have for some time been used to raise and lower the seat on the Alexander bicycle jig saw and now its application on the adjustable table can once again simplify and do the job for the occupational therapist in a more efficient manner.

## MATERIAL, APPROXIMATE COST AND SOURCE

Quantity	Materials	*Price	Source
1	36" x 22" x 1" board (preferably oak or some other hard wood. 3/4" fir ply can also be used.)	2.10	Lumber yard
1	1-1/2 ton hydraulic jack, with 6" plate	12.00	†Local hydraulic machinery and equipment dealer
4	1" floor flanges	1.20	Hardware store
4	1-3/8" floor flanges	1.40	Hardware store
4	1" pipes, O.D. 1-1/4", 23" long, threaded at one end	2.00	Plumbing store
4	1-3/8" pipes, O.D. 1-5/8", 24" long, threaded at one end	2.00	Plumbing store
20	1", #10, F.H., wood screws	.15	Hardware store
20	3/4", #10, F.H., wood screws	.15	Hardware store
		21.00	

\*All prices are approximate and vary from locality to locality.

†If unable to locate a dealer in your community write: Turner Hydraulic Service, 1186 Sixth, Des Moines, Iowa.

## FIELD WORKSHOP

A new concept of rehabilitation training will be utilized June 1, 1954, when Teachers College, Columbia University, and the Institute for the Crippled and Disabled join in conducting a three and one half week field workshop in rehabilitation teamwork.

A maximum number of 35 participants from each of the disciplines included in a complete rehabilitation team will be admitted to the workshop. To be eligible, an applicant must be a professional in one of the following disciplines: physical medicine, occupational therapy, psychology, special education, vocational counseling, special placement, social work, sheltered workshop supervision, speech therapy, prosthetic appliance making or agency administration. Special consideration for admission will be given to a group of applicants from the same agency who make up a rehabilitation team. Students from nations other than the United States will be accepted. Applications must be mailed on or before April 1, 1954.

Enrollees who meet the entrance requirements of Teachers College will be given the opportunity of earning three graduate credits in taking the workshop course. This is not, however, a requirement for enrollment. Total fee for the course is \$100. This includes \$75 for tuition, a seven dollar Columbia University fee and \$18 to cover the costs of books, syllabi, pamphlets and mimeographed material.

Each participant will be assigned to a supervisor within the Institute for the Crippled and Disabled whose responsibilities are related to the participant's discipline. Enrollees will function as internes in the rehabilitation center with actual cases assigned to them. Rehabilitation seminars will be conducted under the auspices of the department of special education, Teachers College, and will relate participants' day-to-day field experience to the major ideas and issues in current rehabilitation practice.

Further information and application blanks may be obtained by writing to Dr. Maurice A. Fouracre, Teachers College, Columbia University, New York 27, N. Y.

# NATIONALLY SPEAKING

## *Annual Report of the Executive Director*

Each year at this time you face us and we face you for an accounting to you, the members, of what goes on in the national office and membership-at-large. Actually this is done twice yearly as your executive director presents a detailed accounting at the mid-year, which report is published in AJOT for you, summarizing official action and business for the first half of the year. Today I wish to report on continuing activity and a view to our direction for the coming year.

The topics on which I will make brief commentary spell out the growth and development, strengths and weaknesses as we move along in the constant effort to "refine our resources."

**Membership.** As of August 31, 1953, there were 3,487 paid members which represents an increase of approximately 197 over 1952. These were divided into the following types: active 2,508; sustaining 340; associate subscriber 74; associate 58; student 490; honorary and life 17. Registered therapists totaled 3,862 this year which represents an increase of 435 over the previous year; 219 of these are new.

These figures indicate a gratifyingly steady increase in membership and registration but they reveal a continuing discrepancy between registered therapists and members which should not exist.

**Inside the national office.** It is with deep regret that we announce that Mrs. Alice Wonsor, receptionist and registration clerk, leaves this month after seven years of loyal service to the Association. It will be difficult to replace her. Mrs. Gloria Kemman, membership clerk, is leaving us in January after seven years of loyal service.

Inside the national office we try to be both inspired and practical. During the summer each member of the staff undertook a thorough cleaning out of files, particularly membership and registration, which had not been done for many years, as well as accumulated materials long in storage.

It has become increasingly evident that we have outgrown some of our office procedures especially in regard to billing, bookkeeping methods related to it, card and record file systems of members and registrants. We are still operating on the original plan instituted when the Association was small and less complex. Handling of our volume can be improved by more streamline methods and an office management survey will be undertaken.

**Education office.** A report of the activities of this section of the national office will be given in detail by Miss Matthews. The education and general offices continue to work closely on certain joint endeavors such as recruitment, personnel

shortages, scholarships, publications and national issues as they affect education.

**1953 Yearbook.** The current edition was not quite as promptly off the press as anticipated due to unavoidable circumstances, but represents an excellent publication carrying 29 more pages than previously. We reported indication of increased costs at the mid-year meeting. A look at the final figures reveals this cost to be:

Expenses: Printing and postage.....\$6,716.84

Income: Advertising and sales..... 1,980.75

It is interesting to note that postage and expressage for the Yearbook, alone, is equivalent to the general postage and expressage of the Association. The nine former presidents were listed for the first time as had been requested.

**Newsletter.** Miss Heermans has continued as editor of the popular Newsletter. The complimentary mailing list has increased to 29 with the addition of the American Heart Association, American Hospital Association, International Council for Exceptional Children and National Health Council.

Two new columns have been introduced — "Dates to Remember" and "International News and Notes." A "Positions Available" column has appeared infrequently when there were several openings in OT schools or positions of unusual character such as special research. It is not intended that there shall be any confusion with AJOT classified advertising or the regular printed listings of the placement service.

**Placement service.** This activity continues to fill an important place as one of our services to members judging from the demand from therapists and employers. There have been four monthly supplements necessary in addition to the regular revised listing printed every third month which resulted in a printing every month from April through October. These lists have carried an average of 213 positions with the largest number in the field of psychiatry followed by physical disabilities, general and pediatrics, tuberculosis, schools and research, respectively.

Information has been requested by 506 therapists since January 1, 1953. These include 202 on active file and placed, 224 received job information but were not on active file, 62 currently on active file and 18 foreign OT's seeking information.

**Field service.** Several related items will be considered here; each a part of the program we are attempting to strengthen to bring together the national office and its services as closely as possible to the membership-at-large. We feel this is one of the most important functions which we can per-



form. These include field visiting, state associations and service to committees.

(1) Field visits by the national office staff-executive director, educational secretary and assistant, have increased this year thanks to the larger travel budget. Twenty seven additional OT departments have been visited (including five in Hawaii and five in Puerto Rico) since the mid-year at which time 19 such visits were reported. Eight more schools of OT have been visited totaling 12 for the year.

(2) State Associations. Since the mid-year it has been a privilege to meet with eight state associations or representatives thereof, totaling 19, which is more than one-half of our local organizations. These include the Hawaiian and Puerto Rican Associations and a new district group.

This is an appropriate time to acknowledge the generous contributions designated for scholarship, education or general purposes, received from seven of the state associations totaling \$440.00. One of these was given in memory of two local association members who had passed away during the year. Acknowledgement is also extended to the state associations representing the AOTA with exhibits and conference attendance, i.e., American Personnel and Guidance Association, American Dietetics Association, President's Committee on Physically Handicapped.

(3) Service to committees. Our effort is to offer help to both national and state committees by way of supplying continuity, ideas, materials and clerical assistance (mimeographing and mailing). Quite a noticeable increase has occurred in this national office function due to more committees and more activities. Our endeavor is not to overlap but to supplement where necessary such as: integration of AOTA placement service with state placement chairmen; attendance at several meetings of the committee on OT in psychiatry to afford coordination with other national efforts; materials by way of national endorsement for the legislative and civil service committee; continual implementation with the recruitment and publicity committee; arrangements and coordination of the special committees studying national issues (non-registered personnel, fellows of the Board of Management, VA directives).

*Literature, publications and exhibits.* Supply and distribution of our printed materials has stepped up particularly during the latter half of the year due to the recruitment program financed by the National Foundation for Infantile Paralysis. Approximately 70,000 pieces of literature have been sent out from the national office since January 1st.

*Book loan.* Seventy-eight publications are now available on loan from AOTA shelves covering

subject material in ten medically related fields. Miss Heermans prepared a mimeographed listing for all members as an insert in the Newsletter. Two hundred and thirty-eight requests have been supplied during the year.

*Exhibits.* The two American Occupational Therapy Association traveling exhibits have been used eight times (Western Hospital Association, American Congress of Physical Medicine and Rehabilitation, Catholic Hospital Association, Ohio State Nurses Association, New England Occupational Therapy Association, New York United Hospital Fund, New York University and Metropolitan Hospital, New York.) Due to deterioration, both exhibits have been withdrawn from further use this year. Professionally executed exhibits are vital in our recruitment and public education programs. Two new ones are being planned and will be ready in the early winter: a technical exhibit designed for medical groups; a general exhibit combining training and application.

*Recruitment.* A comprehensive summary of the recruitment program and progress was printed in the August Newsletter indicating the stepped-up pace made possible by the NFIP grant. Four new materials have been designed, printed and mailed in bulk to the state recruitment chairman along with other career literature in large supply. The new materials comprise three pamphlets on recruitment, training and services of the American Occupational Therapy Association, respectively, and a photographic poster. These will be utilized as part of the state programs directed toward libraries, vocational conferences and high school counselors. We have 128,000 new informational leaflets.

Acknowledgement is made of the valuable service and cooperation received from our public relations consultant, Mr. Charles Bonner. Acknowledgement is also made to the recruitment and publicity committee for their careful correlation with the national office which means mutual reinforcement and effective movement.

*Public relations.* We have received doctors, social workers, nurses and occupational therapists from Australia, Brazil, England, Egypt, France, Israel, Japan, Norway, Puerto Rico, South Africa, Sweden, Turkey and Venezuela.

Joint inter-professional activities show the scope of our working relationship with other organizations. A few of these include participation in study groups for the 1954 conference on care of the long-term patient sponsored by the Commission on Chronic Illness; participation in Council of State Governments mental health research study; the executive director has been appointed as a consultant on occupational therapy in the Veterans

Administration, Division of Physical Medicine; arrangements were made for Miss Carlotta Welles to represent us at the first congress of the World Confederation of Physical Therapists during her sojourn in Europe.

*Prospectus for 1954.* A continuation of all services and activities which have become an integral part of the association plus others which will broaden our professional horizons. Specifics toward which we should work are (1) production of a film; (2) staff personnel for field service and recruitment coordination; (3) vital statistics study; (4) research.

Grateful appreciation is expressed for the understanding and help of the officers, executive committee, Board of Management, committee chairmen, each Association member and each individual member of the professional and secretarial staff of the national office.

Respectfully submitted,

Marjorie Fish, O.T.R.

*Executive Director*

### *Annual Report of Educational Secretary*

The year 1952-53 in the education office saw the completion of the research project financed by The Grant Foundation. This material was printed and copyrighted as the *Career Inventory*. It was made available to the schools with instructions as to its use, both as a counseling and a selection tool. It is anticipated that during the present year, sufficient material will be collected and analyzed to determine how the instrument is working and if any adjustments are indicated. The original order of 300 has been exhausted and second printing is required.

As customary, the registration examination was administered in February and June with a total of 454 examinees for the year. Further discussion pertaining to this function of the education office will be presented in the separate report of the registration committee.

Closely related to the examination is the formal evaluation of the student in clinical practice. Much has been said and written on the scoring of the clinical training report in an effort to secure more realistic ratings and less of the high scores. It was decided that it was important to substantiate the spoken and written word with graphic data. For this purpose all clinical training reports received for students writing the four examinations in 1952-53 were analyzed. Since the most recent material was desired for the study, all reports for affiliations in 1951 were deleted. There remained a total of 4140. These were tabulated by training centers for all services and by schools for the five main

disability areas. The national average for each gery, 74.87; physical disabilities, 75.76; psychiatry, 76.49; pediatrics, 77.13 and tuberculosis, 77.28. This again is indicative that only one-half of the disability was obtained: general medicine and sur-scale is being used. The data was plotted for use by the training centers and the schools. However approximately 100 centers were not included in the graph since they had less than nine reports recorded. This material will be distributed with a letter to interpret the individual center's position in the graph.

At the mid-year meeting it was decided to use experimentally for one year a second clinical report in conjunction with the official report. For this purpose the form, developed in connection with the student selection instrument, was revised. All affiliations from July 1, 1953, through June 30, 1954, will be evaluated on the two forms. A comparative analysis of these two has been initiated and will continue through the year. To date the data on 310 indicate that the experimental form is giving a better spread of scores.

For example, 52 students who rated in the upper half of the "clinical training report" scale rated in the lower half of the "report of performance in clinical affiliations" scale on the same affiliation. Since the experimental form consists of two different types of evaluations (one that deals with the individual's observable behaviour, while the other evaluates the student in relation to other students) it is expected that the total score of the two combined is a fair rating. We are urging that all persons who are using the experimental form send in suggestions, comments and criticisms after they have used the report for a period of time. With such cooperation and the data obtained from the analysis, a sound basis for revising the report will be available.

As many of you can testify, the committee on evaluation of occupational therapy departments and clinical programs has continued to function. The 1st of September, 76 sets of the following forms were mailed to as many institutions: Part I, institutional information; Part II, occupational therapy department data; Part III, clinical program. These were selected on the basis of disability, geographical area, and type of hospital. To date, 32 completed sets have been returned to the office. As the remainder arrive, the material will be tabulated and referred to the full committee for evaluation. A detailed report of this project to date was published in the September-October issue of the *American Journal of Occupational Therapy*.

To reestablish a file on therapists with higher degrees, a questionnaire was mailed to all therapists in this category. The information requested (besides kind of degree, institution granting same,

field in which degree was earned) was title of thesis and if material is pertinent to other occupational therapists. If this is the case, how can a copy be obtained for study or reference.

We are indebted to the Picture Craft Company for four scholarships awarded for the year 1953-54. The recipients were listed in the October Newsletter.

The remaining time has been spent in joint work with the general office on matters concerning both divisions; counseling of students and institutions interested in occupational therapy training; participating in the various education committee activities; and other such undertakings that, by their very nature, fall into the realm of the education program.

The many "thank you's" that are in order are expressed with sincere appreciation: to the president, Board of Management and executive director for their support and understanding; to the various education committees for outstanding cooperation and valuable contributions and to the item writers for their assistance in maintaining the registration examination.

Respectfully submitted,  
Martha E. Matthews,  
*Educational Secretary*

### *Annual Report of the Registration Committee*

During the seven meetings of the year, the committee members delegated a portion of the time for reviewing all the examination questions in relation to their specific application to the Curriculum Guide. The apparent delay in undertaking this was intentional. When the Curriculum Guide

Date	Number of Examinees	Part I		Part II		Total		Correlation of Part I & II
		Mean	Sigma	Mean	Sigma	Mean	Sigma	
February 1953	240	87.95	13.34	87.55	13.14	175.37	25.47	.85
June 1953	214	88.65	13.00	88.55	12.05	176.12	24.87	.86

CHART I

was published, it was decided that approximately a two year interval would be required for any resulting changes in the school's curriculum to be reflected in the student's preparation. This revision, accompanied by the deletion of all items with poor statistics, resulted in replacement of from 17 to 25 more items per part than is usually required.

The following table permits an interesting comparison of the total number of examinees for each of the past four years:

1950—390	1952—469
1951—438	1953—454

In February, 1953, there were 38 proctors for 244 examinees, as compared with 36 for 214 ex-

all the education office assignments, the registration examination requires the continued active amines in the June administration. Other places than the occupational therapy schools used for the June examinations were: Rochester, New York; Emory University, Georgia; Grand Junction, Colorado; Louisville, Kentucky; Rapid City, South Dakota; Gulfport, Mississippi; Liverpool, England; Agana, Guam; Honolulu, Hawaii; Toronto, Canada, and Puerto Rico. For statistics for the 1953 examinations see Chart I.

The examination continues stable, as the slight variations in the statistics over the years are within normal limits.

As well as reviewing special requests and deciding policy matters, the committee gave serious consideration to other methods of evaluating media techniques than through the registration examination. No concrete decision was reached but recommendations relative to further investigation were formulated.

The majority of the countries to whom our letter on international reciprocity was sent have either acknowledged it with considerable interest or have requested interpretation. We have received inquiries for such information from individual therapists in England and Denmark.

The item writers numbered 40 for the year. Some of these had contributed before, while for others it was their first experience. A concentrated effort will be made immediately after Christmas to enlist as many item writers as possible so that the long delayed fourth part of the examination can be completed.

Sincere appreciation is expressed to all who have so ably contributed to the maintenance of the registration examination at its high level. Of

participation of more therapists in the field than any other one undertaking. This is as it should be, as the examination contributes directly to our professional standards which vitally affect all occupational therapists.

Respectfully submitted,  
Martha E. Matthews, O.T.R.  
*Chairman*

For Sale: Alexander Bicycle Saw in good condition. Has tractor and high back adapted seat. Contact Andrew Mathews, Institute for the Crippled and Disabled, 400 First Avenue, New York 10.



# FEATURED O. T. DEPARTMENTS

## GROUP THERAPY WITH CEREBRAL PALSIED CHILDREN

Warren Avenue Spastic School  
Seattle, Washington

Laurel B. Stein, O.T.R.\*

Most occupational therapists working with cerebral palsied children soon see some of the emotional difficulties involved in treatment. This paper describes how the occupational therapists at the Warren Avenue Spastic School tried to approach the problem of emotional reactions in addition to coordination and self-care training. In reality, we have combined many of the principles of psychiatric occupational therapy with a standard functional training program.

In dealing with the handicapped child, the emotional problems are often overlooked in the concentration on the specific disabilities. For example Mary, a quadriplegic, has been taught to do a button board in two minutes. But Mary will sit sullenly while a group of other handicapped children are singing and playing "Little Peter Rabbit Had a Fly Upon His Nose" and then burst into tears. What has occupational therapy done for this child?

### EMOTIONAL REACTIONS

The emotional problems of the child are expressed in his behavior and actions. Occupational therapists will be all too familiar with these specific examples. Annie has become so dependent that she will wait to be lifted without making the slightest effort to move. Joe will wail "You help ME" before he begins any activity. Jerrie has withdrawn from us and slumps in her chair, staring into space.

How is the therapist going to deal with these defensive manifestations of inertia, demands for attention and indifference? We recognize that a great many of these children are unable to get normal stimulation from the people and objects around them. As a result, each child develops his little defensive shell to confront the overwhelming demands of society.

Another emotional problem that the therapist sees frequently is the fear of rejection. The sensitivity of the cerebral palsied child is often uncanny. In his dependent role, he has learned to respond to the slightest frown or smile from the therapist. Some children have even learned to expect rejection from their siblings and the adults in their small world. Johnny has come into the shop. His wheelchair is placed at a table with blocks on it. With one swift motion of his hand the blocks are on the floor. He is saying, in effect, "See, I know I can't please you by piling them

so I'll throw them on the floor. You will be mad at me anyway." He awaits his reprimand by making certain that his rejection will be complete. The therapist who accepts his feelings says, "That was a good throw. It made a big noise. If you want to throw some more blocks, we'll have to pick them up." By understanding Johnny's feelings of rejection and frustration, he can be guided into constructive activity.

### INTERPERSONAL RELATIONS

Our psychologically-orientated treatment aims may now be defined. An important aspect of our work is to try to develop motivation and initiative in the child. The therapist who sets a goal must do so in terms of the child's understanding and ability. The child will seek his own solutions when sufficiently motivated to do so. The activities enumerated later illustrate our methods.

Most of the acute psychological and emotional problems of handicapped children stem from isolation. An important realization in our work with these cerebral palsied children is their tremendous need for developing interpersonal relationships. Our children have to become part of a group to learn how to relate to one another. The sense of security in being part of a "school family" is the first step for many previously isolated children. Our emphasis on group activities is aimed to meet this specific problem.

Our basic philosophy might be stated in the following way: cerebral palsy is a condition which imposes various limitations to physical and emotional development and necessitates a certain mental attitude for optimal adjustment. Our program provides the usual training in self-care and coordination but only within what might be called a psychologically-oriented atmosphere. We accept each child completely in terms of his personality and abilities. We try to provide a setting of calm, friendly and interested personnel with consistent attitudes of encouragement. We feel that goal-directed activity is valuable in motivation and interest. We proceed with the premise that normal play and imitative behavior can be utilized as therapy. The isolation of the handicapped child can be overcome to a certain extent by special emphasis on group projects in which each child contributes a part or in which all the children are engaged in the same activity. Even when individual treatment is given by using spe-

\* The writer wishes to express her appreciation to Mr. Roy Howard, Director of Special Education, to the principal and staff at Warren Avenue Spastic School, and to Mrs. Ethelmae Anderson, O.T.R., for their assistance and cooperation. (All names of children used are fictional.)



cial devices and aids, these are explained and tried by the other children present to develop the feeling of group participation. We are seeking to expand our concepts of occupational therapy in terms of the "whole child," not only treating the involved muscle groups, but meeting the greater problem of adjustment to his disability and to his place in society.

### EDUCATIONAL PROGRAM

The Seattle public school system has a department of special education for handicapped children who meet certain standards of ability and reside in specified districts. Within this framework the Warren Avenue Spastic School is organized to provide special training for children with cerebral palsy. Since the educational aspect is the primary concern of the school system, special teachers are provided for three ungraded scholastic divisions: primary, intermediate and advanced. However, in recognition of the treatment needs of the children, the services of speech training, physical and occupational therapy are utilized as part of the special education program. A consulting physician, who is an orthopedic specialist, holds a clinic and staff meeting about eight times a year and directs the treatment given by the therapists. Our school staff has consisted of three teachers and two therapists each in speech, occupational and physical therapy, and three aides, as provided by the Seattle public schools.

Our schedule to date has consisted of eight half-hour occupational therapy periods daily. Each child also receives a half-hour of speech training and physical therapy in addition to his special school program.

During the past years there were twenty-eight children from 5 to 17 years of age enrolled in the Warren Avenue Spastic school and assigned to occupational therapy for daily treatment. Thirty percent were nonambulating. The average estimated intelligence quotient of twenty-four cases based on the Stanford-Binet test was 67. By diagnosis, every classified type of cerebral palsy was represented and in some cases combined with secondary symptoms such as deafness or seizures. The gradations from moderate to severely involved cases presented a wide cross-section for observation and study. These children came from all parts of the city by special taxi service and represented a wide range of socio-economic backgrounds. Our occupational therapy schedule was arranged in conjunction with the other school and therapy departments. We were fortunate in being able to combine the children in similar age and ability groups. Our classes contained from three to five children at a time.

In many cases the children chose their own functional exercise as well as their own projects.



*A scene from our Indian program showing our tent and costumes.*

We avoided any use of "good hand or bad hand" as judgmental terms but always used the phrase "practice hand." The response to "What are you going to do with your practice hand today?" was most gratifying in terms of what the children would try to do on their own volition. It was usually more than the therapist would have suggested. The functional exercise was selected by the child from a suitable group of coordination toys on the shelf and this was done fifteen minutes before his personal project. Several children would work together in this manner, helping one another or calling down any member who "cheated." They also took turns or traded favorite toys. The older children responded to this method of free choice with remarkable enthusiasm. Almost before they came into the shop, they would announce what they were going to do with their practice hand. The older children had projects in woodworking, weaving, stenciling, copperfoil, etc., and were encouraged to get out their own work and tools whenever possible. Each child had a definite place for his work and helped clean up after he had finished.

For descriptive purposes the details of our activity are listed as: individual programs, small group activities and large group activities. However all these are intermingled so that each child participates in both group and individual projects.

### INDIVIDUAL PROGRAMS

We recognize special problems which we attempt to alleviate. For example, there was the case of Ralph, age 15, a severe ambulatory spastic who had no use of either arm or hand. For this boy a shoulder brace was made with a stick attached and projecting about fourteen inches from his shoulder. With this stick and various attachments he was able to paint, type on an electric typewriter and turn the pages of a book. The natural interest of the other boys in his group prompted a session of "shoulder painting" by all. What was much more notable to the therapist was the

change in Ralph's attitude after a few simple accomplishments. The encouragement of the other boys was undoubtedly a factor that motivated Ralph in this new endeavor after his years of handlessness.

The use of his special brace was put on a voluntary basis, as were the various activities involved. The fatigue factor of using his entire body for one typewriter stroke might have been overlooked by a therapist who saw only the success of an adapted



*Small group activity at the beauty parlor.*

"arm." By allowing this boy to judge his own speed and be guided by his own incentives, he made notable progress in shoulder control.

Another example of an individual problem that was treated in a group situation was Billy, aged six. He was diagnosed as kernicterous with athetosis. Any semi-fine coordination or balance toys were difficult for this lively youngster. When he used his right hand the left one "flew." His teacher made a comment that "he does better with his right hand when he holds on to the table with his left." The next session in occupational therapy included some crayoning. Without comment wooden pegs were given to each child to hold while he colored. The following day Billy went to the toy shelf and got a peg to hold of his own accord. Without any further direction from the therapist, this six-year-old had tried to solve his own problem. Subsequent timed tests have indicated that his fine coordination and control is improved by holding a peg in the opposite hand.

These examples are cited to show how individual motivation may arise from a group situation and is not hampered by a group situation.

#### SMALL GROUP PROJECTS

Many of the younger children had been so isolated by their handicaps that they showed asocial behavior. They were either shy, demanding or unable to respond to the other children. Since the children had spent their years "looking on" and not participating, we felt that learning how to play together was an important objective. We utilized

dramatic play situations because there did not appear to be any spontaneous ability on the part of the children at first. We found that after a few suggestions they were delighted to carry on simple, dramatic play. The change in behavior from the reserved and timid children to more lively and imaginative ones was quite marked. Our play always had the subtle objective of sharing ideas and objects with others. "Self-care" and "activities of daily living" came naturally through our games. A few examples of our therapy:

#### FOR GIRLS

*Beauty Parlor*, in which we telephone for an appointment, comb our hair, and get a new hair style or ribbon.

*Shopping*, in which we go to the store and select a dressing smock, and try it on for size. Shopping has endless variations; shoes, groceries, hats, etc.

*Tea Party*, in which we roll clay cookies, set a table and serve each other.

*Housekeeping*, involving dusting, sweeping, polishing "silver," "cooking," and having company.

*Doll Family*, in which we feed, dress, and take care of the dolls. We have washed doll clothes and hung them to dry. Singing nursery rhymes to the dolls is also enjoyed by the children.

#### FOR BOYS

*House*, in which the younger boys enjoyed using the cooking utensils and the toy iron and brooms as much as the girls.

*Building*, in which we used large hollow blocks. These made mountains for climbing, houses and tunnels for trucks and trains.

*Store*, in which we built a counter, and bought sand-bag groceries to take home.

Our groups for these activities were girls from six to ten years and boys from five to eight years. Bilateral hand use, manipulation of objects and self care training were all given in what was a natural play atmosphere for the child. The children also learned to share the toys and play together in many cases.

#### Group Activities for Girls and Boys

Games, using balls, beanbags or hoops

Songs, with story and actions

Greeting cards, or making small novelties like pin-wheels, etc.

Shop Projects:

Cleaning or sorting toys and equipment

Making or repairing furniture

Sanding and staining table-top

A set of drawers from boxes and orange crates

A spool rack for threading looms

Decorative projects for bulletin board

The factor to be noted in group projects is that a common goal was set up and achieved by a number of children. For example, in our valentine display on our bulletin board, one group made the box, another birds, another flowers, and so forth. Each child saw his work contribute to a whole after he had done his simplified part. The children took great interest in these projects.

## LARGE GROUP ACTIVITIES

Our most integrated presentation was a program of "Indian Life." This was inspired by the interest and enthusiasm of the children for a tent of heavy cardboard on which we practiced lacing. All the related school departments joined with us, and the teachers arranged for Indian slides and movies to give the children ideas and background. The contributing activities which became part of the final program are listed by age groups.

### Indian Life

#### Primary

- Cutting paper feathers
- Making rattles by putting beads in tin cans
- Taping lids on rattles
- Learning to shake a rattle in each hand
- Learning a song about the rattles
- Making drums of cardboard cylinder for rug storage
- Pasting paper over drum
- Taping decoration on drum
- Learning how to hold and hit drum
- Learning a drum song
- Lacing two cardboard Indian tents (5 feet tall, 6 feet wide)
- Stringing beads

#### Intermediate and Advanced

- Sewing headbands with heavy thread on washcloth strips
- Making crepe paper costumes
- Using scissors
- Using paper cutter for fringes
- Using paper tape on neck and armholes
- Learning an Indian dance (physical therapy)
- Planning an Indian program (advanced school teacher)
- Writing about Indian dances and customs
- Writing about Indian homes
- Talks and poems about Indians (speech teacher)

All the related school departments assisted in this presentation which was given for the sight-saving and adjustment classes at the Warren Avenue school. The children wanted to perform for others and this social gesture was noteworthy. The performance of "Indian Life" was immensely satisfying to all concerned. It served as an extensive framework on which to place the "grasp and release" and "manual dexterity" training with which occupational therapy is concerned. We saw the interest of the children transcend their disabilities when an objective within their comprehension was presented. It served as motivation even in our most retarded children. If you are making an Indian feather, you have to learn how to cut. If your dressing smock is an Indian costume, you have to learn how to put it on.

The program outlined summarizes our working experience with a mixed group of cerebral palsied children over an eight month period. We recognize that our observations are only a beginning for further study and we cannot present any findings in a scientific manner. The results we have seen in different degrees with individual chil-

## Editorial

### A NEW LIFE

Life doesn't change much from December 31 to January 1 but psychologically a new year offers a new life. Resolutions are made, some alterations achieved; the old year evaluated and a new life expected. This anticipation of the future, this resolution to effect a better life is as true for groups as for individuals.

So the new year promises new vistas, new goals, new accomplishments for AOTA. The talking period is over, and 1954 promises concrete evidence of the growth of our profession in research, results of which will be formed from the many special studies being conducted over the country and correlated and sponsored by the special studies committee chairmanned by Miss Margaret Gleave.

We are now adults and so we must act as a mature profession able to prove its worth. Generalities are no longer acceptable, technics are not enough unless their value can be proved.

In 1951 Dr. Bennett admonished us that "occupational therapy is apt to be poorly defined, the technics frequently thought to be faulty, or at least immature, and the results open to criticism." We have not always been true to our own self. We have a contribution to make to the recovery of the patient; not the broken leg or the sick mind, but to the patient. His adjustments, his goals, his motivations control him. By channeling these, his recovery can be quickened. But can we prove it? We have proof in some cases and by the end of 1954 we hope to have more.

Yes, we are looking forward to the new year and the opportunities it holds forth. Our intangibles will become tangibles; our ideas, realities.

Children can be evaluated in terms of changed behavior in the shop situation. We see more spontaneity and initiative in some of our very quiet ones. We see the development of mutual concern with children helping each other in group activities. Our children seem more relaxed in the shop atmosphere and have taken greater interest in each other and their surroundings. One day a little ataxic and deaf-mute boy pointed out the turkey feather each child had colored for a Thanksgiving wall decoration. A self-centered child told the therapist to "Help HER" instead of her usual "Help me!" In these and so many other instances the goals we are working toward seem to be nearing. Our aim is to help the handicapped child face his social and emotional problems as well as to learn self-care and activities for daily living. Occupational therapy can provide a medium for developing interpersonal relationships along with standard coordination training in cerebral palsy.



# Annual Reports

## AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

Shamrock Hotel, Houston, Texas  
November, 1953

### MEETINGS OF THE HOUSE OF DELEGATES

New officers of the House of Delegates for 1953-1954 are: speaker of the House, Marguerite Abbott, O.T.R.; vice-speaker, Marjorie Roth, O.T.R.; secretary, Althea Warner, O.T.R.; chairman, AOTA nominating committee, Norma Smith, O.T.R.

The following report is a summary of the activities of the House of Delegates from August, 1952, through November, 1953.

A delegate newsletter was instituted regarding current professional trends in occupational therapy. Three issues were circulated to both alternates and delegates (January 19, April 22 and July, 1953.) The contents of these newsletters are available to the membership at large through each of their state association's current delegate.

The major project of the House the past year has been the work of its committee to explore the possibilities of setting up state "chapters" in AOTA and districts stemming from these chapters. This idea arose from the fact, among others, that in some of the larger states, a transportation problem existed making it difficult for some state association members to attend meetings. But with the establishment of smaller districts within the association, it might tend to include a larger state membership.

The House voted to continue its committee work regarding districts for another year. To date its work has been one of gathering sufficient data, of an exploratory nature, in order to present in the near future a definite plan for consideration by the state associations concerning either its adoption or rejection of chapters and districts. Miss Cornelia Ann Watson, O.T.R., of Texas accepted the chairmanship of this committee.

The majority of state associations (of which we now have 35) approved the idea of the chairman of the AOTA nominating committee being on an elective rather than an appointive basis. This chairman is elected annually from the delegate group serving their third year. Miss Norma Smith of Wisconsin was elected as chairman of the nominating committee for the coming year.

The House voted to compile an SOP (Standard Operating Procedure) for state regional meetings which will be available to the various states upon request of the speaker of the House. This would contain the various types of state programs given and the proceedings for implementation and use that perhaps would be helpful to the state associations.

Occupational therapists from the State of Utah have petitioned to become a state association.

The idea was projected and unanimously passed by both the House of Delegates and the Board of Management of the following new procedure which we hope will become one of the traditions of the AOTA: *Resolved* That we (the AOTA membership at large) extend the single honor each year at our annual conference of having an "honorary occupational therapy guest lectureship," to be called, out of deference to one of our most outstanding OT pioneers, the "Eleanor Clark Slagle Lectureship." As in other professional scientific fields, this honor would be in recognition of meritorious service to the profession. The lectureship each year would be some outstanding practicing occupational therapist who has made significant contribu-

tions to the field. The person selected would give a lecture of his own choosing on the subject of occupational therapy. This candidate will be chosen by the membership at large.

The state delegates will be giving you further details as to the method of candidate selection and implementation of this idea in the very near future.

Respectfully submitted,  
Marguerite Abbott, O.T.R.  
*Speaker of the House of Delegates*

### TREASURER'S REPORT

The financial statement for the fiscal year, September 1, 1952 — August 31, 1953, and the budget for this year have been presented to and approved by the House of Delegates and the Board of Management. We have copies here for you today. These will also be published in the American Journal of Occupational Therapy for the information of the total membership.

As you may see, at the close of the last fiscal year, August 31, 1953, there was in the general fund an excess of income over expenses of approximately \$6,425. This healthy state of our treasury reflects two things: (1) the excellent response of the membership in paying registration fees and membership dues, many becoming sustaining members; (2) the wise handling of expenditures by Miss Fish.

The budget for this fiscal year estimates our expected receipts at \$81,000. We do not feel that this is over optimistic. The budget lists the expenditures based on these. This is a marked increase over previous budgets but will not permit us to do all that we, as American Occupational Therapy Association members, wish to do; but it places us far nearer our hearts' desire.

The educational office, under Miss Matthews' guidance, confined its expenditures to approximately \$12,500, only approximately \$500 over our actual income, including the \$6,300 grant from the general fund. There is, as a result, still approximately \$3,600 in the educational reserve fund.

At the end of the fiscal year in August, the American Occupational Therapy Association had a reserve fund of approximately \$24,500 in bank and savings funds and \$3,600 in bonds in addition to the Root Endowment Fund of \$18,700 and \$13,500 in funds from grants, such as that for recruitment from the National Foundation for Infantile Paralysis.

As you all know, this marks the sixth year of servitude of your treasurer. We have prepared a comparative statement of the last six years. This will be published in the American Journal of Occupational Therapy. I would like to present to you a few figures to show why your treasurer is, for the first time in six years, a cheerful person.

In 1948, the reserve funds of the Association were approximately \$2,800. There was not enough money to pay the salaries and rent in the office till the dues were paid in January. The bookkeeper resigned because she felt our financial status was too insecure. Today we have a reserve of \$24,500.

The comparative figures present some interesting percentages. In the general fund there has been an 87 per cent increase in receipts from dues and a 76 per cent increase in registration fees. This is caused by two things: (1) a \$4 raise in dues and \$2 in membership fees, \$6 in all; (2) increased membership. In all there has been an 117 per cent increase in income since 1948.

Our expenditures, like the cost of living, have also risen. Because of increased staff and some slight increases in salary, there has been a 38 per cent increase in payroll. Our expenditures for travel have increased from \$240 to \$1,440, or 490 per cent. This means increased contacts with our membership and allied fields. Rent has increased 12 per cent and postage and express 290 per cent. The total percentage of increase in expenditures has been 79 per cent.



It is our feeling that the Association has every right to be proud of our financial status and accomplishments. If the membership continues to give its support and interest, we should feel confident that much can be accomplished.

In closing, I wish to express my very sincere appreciation to each and every member of the Association, to the

House of Delegates and to the Board for their help, and, particularly, to the staff of the national office, who are the real watch dogs of our funds.

Very respectfully submitted,  
Clare S. Spackman, O.T.R.  
*Treasurer*

## FINANCIAL STATEMENT

### General Fund

	Actual Inc. & Exp. Year ending Aug. 31, 1952	Actual Inc. & Exp. Year ending Aug. 31, 1953	Approved Budget Year ending Aug. 31, 1953	Proposed Budget Year ending Aug. 31, 1954
<b>INCOME:</b>				
Endowment	\$	\$	\$	\$
Reserve for scholarships and donations				
Registration fees	20,423.60	22,980.00	20,500.00	24,250.00
Membership dues	20,657.00	22,362.00	21,000.00	22,500.00
AJOT, subscriptions	12,921.65	13,682.85	12,500.00	14,000.00
advertising, etc.	8,559.83	9,474.97	8,000.00	9,000.00
Yearbook, sales	149.88	164.38	200.00	165.00
advertising	1,782.65	1,816.37	1,800.00	1,800.00
Sales { reprints				
insignia	3,115.77	3,144.67	3,000.00	3,000.00
O.T. pins				
Volunteer course	153.00	126.00	150.00	125.00
Conference, previous year	2,110.62	139.50		4,700.00
current year	8,238.70	1,287.50	2,000.00	1,500.00
Interest, bank and bond	541.33	602.61	550.00	650.00
	<u>\$78,654.03</u>	<u>\$75,780.85</u>	<u>\$69,700.00</u>	<u>\$81,690.00</u>
<b>EXPENSES:</b>				
Cost of sales { reprints	\$	\$	\$	\$
insignia	2,464.02	1,934.53	2,500.00	2,500.00
O.T. pins				
Furniture and fixtures			150.00	300.00
Depreciation	418.27	421.19	440.00	470.00
Payroll	17,657.87	17,468.88	18,500.00	20,000.00
Extra secretarial help				350.00
Audit and legal expense	145.00	215.00	150.00	215.00
Books and subscriptions	111.47	155.75	150.00	175.00
Office repairs	134.77	172.49	200.00	200.00
Office expenses	1,543.90	1,879.98	1,400.00	1,800.00
Postage and expressage, general	1,343.42	1,291.57	2,200.00	1,495.00
yearbook	753.50	1,204.68		1,500.00
Printing, yearbook	4,833.93	5,512.16	4,800.00	5,700.00
general	1,166.43	1,226.49	1,000.00	1,300.00
Rent and light	2,100.00	2,100.00	2,100.00	2,220.00
Telephone and telegraph	521.95	428.56	500.00	500.00
Travel	727.06	1,444.09	1,400.00	2,500.00
Payroll taxes	1,112.00	1,020.21	1,500.00	1,250.00
Conference, previous year	2,312.16	500.00	200.00	3,125.00
current year	4,920.85	375.10	150.00	500.00
Exhibit	189.68	194.61	500.00	500.00
Cooperation with others	147.00	113.00	150.00	150.00
Recruitment and publicity	1,921.26	936.43	2,000.00	2,500.00
Newsletter	1,703.30	1,678.47	1,700.00	1,700.00
Gratuities		136.00	140.00	140.00
Miscellaneous and extra secretary				
1952 and 1953	514.56	341.41	70.00	100.00
AJOT, expenses	20,731.30	20,961.52	21,000.00	23,000.00
discount and commission		1,342.16		
Purchase of bond			500.00	500.00
Grant to educational fund	3,925.00	6,300.00	6,300.00	6,000.00
Reserve for 1953-54				1,000.00
	<u>\$71,398.70</u>	<u>\$69,354.28</u>	<u>\$69,700.00</u>	<u>\$81,690.00</u>
Excess of income over expenses	7,255.33	6,426.57		

### Educational Fund

	Actual Inc. & Exp. Year ending Aug. 31, 1952	Actual Inc. & Exp. Year ending Aug. 31, 1953	Approved Budget Year ending Aug. 31, 1953	Proposed Budget Year ending Aug. 31, 1954
Cash on hand, September 1st	\$	\$	\$ 4,160.86	\$ 3,635.37
<b>INCOME:</b>				
Grant from general fund	3,925.00	6,300.00	6,300.00	6,000.00
Examination fees	4,730.00	4,585.00	4,500.00	4,500.00
Donations	470.00	200.00	400.00	200.00
Sale of reprints	1,078.67	1,261.75	800.00	1,000.00
Conference institute, previous year	763.50			
Conference institute, current year	1,207.75			700.00
Payment from schools and other sources		100.00	750.00	500.00
Bank interest	114.52	67.34	50.00	60.00
	<u>\$12,289.44</u>	<u>\$12,514.09</u>	<u>\$16,960.86</u>	<u>\$16,595.37</u>
<b>EXPENSES:</b>				
Furniture and fixtures	\$ 760.28	\$ 724.57	\$ 100.00	\$ 150.00
Cost of sales, reprints			800.00	850.00
Payroll	6,095.76	5,918.30	6,500.00	7,150.00
Consultants fee	3,048.00	1,880.00	2,500.00	2,500.00
Computations	259.00	835.00	450.00	600.00
Audit	130.00	175.00	130.00	175.00
Committee expense	227.72	199.74	250.00	300.00
Conference institute, previous year	431.08	41.97		
Conference institute, current year	507.97			550.00
Examination expense	498.46	577.98	400.00	550.00
Office repairs	36.50	11.00	75.00	50.00
Office expenses	246.86	171.16	250.00	200.00
Postage and express	158.34	279.62	200.00	300.00
Printing	53.91	196.71	250.00	200.00
Rent	900.00	900.00	900.00	1,000.00
Telephone and telegraph	197.88	232.82	200.00	230.00
Travel	332.68	588.96	1,000.00	1,000.00
Payroll taxes	291.16	231.87	325.00	300.00
Miscellaneous	5.45	10.50	25.00	15.00
Depreciation	71.80	72.86	75.00	80.00
Reserve for 1953-1954			2,530.86	395.37
	<u>\$14,252.85</u>	<u>\$13,048.06</u>	<u>\$16,960.86</u>	<u>\$16,595.37</u>
Less consultant and secretary expense charged to Grant fund	1,500.00			
	<u>12,752.85</u>			
Excess of income over expense	(463.41)			
Less amount reserved for research	158.00			
	<u>(621.41)</u>	<u>(533.97)</u>		

### National Foundation for Infantile Paralysis Fund

	Expenses Feb. through Aug. 31, 1953	Total Cash Received	Approved Budget Year ending Feb. 1954	Balance As of Aug. 31, 1953
1953				
Feb. Received from N.F.I.P.	\$	\$16,000.00	\$	\$
<b>EXPENSES</b>				
<b>PART I, Personnel</b>				
Consultant	2,000.00		3,000.00	1,000.00
Secretarial			2,600.00	2,600.00
A.O.T.A. professional staff	1,000.00		2,000.00	1,000.00
<b>PART II, general office expense</b>			1,000.00	1,000.00
<b>PART III, expendable supplies</b>				
Recruitment pamphlet	2,633.33		2,200.00	(433.33)
Training pamphlet	682.05		1,000.00	317.95
Service brochure			800.00	800.00
Mimeographed materials	98.62		850.00	751.38
Poster			500.00	500.00
Distribution of informational material	8.15		1,000.00	991.85

	Expenses Feb. through Aug. 31, 1953	Total Cash Received	Approved Budget Year ending Feb. 1954	Balance As of Aug. 31, 1953
PART IV, other expense				
Exhibits			750.00	750.00
Mats and tape recordings .....	153.94		300.00	146.06
Total expenditures—February through August, 1953....		6,576.09		
Balance .....		\$9,423.91		\$9,423.91

**COMPARATIVE BUDGET, 1948-1953**  
*General Fund*

	1948	1949	1950	1951	1952	1953
<b>INCOME:</b>						
Members' dues .....	\$19,444.00	\$22,274.25	\$13,687.67	\$14,608.00	\$20,657.00	\$22,362.00
Registration fees .....	12,964.00	16,295.50	16,871.38	18,855.00	20,423.60	22,980.00
AJOT subscriptions .....	325.70	4,480.69	11,164.35	12,259.46	12,921.65	13,682.85
AJOT advertising .....			6,267.95	7,662.60	8,559.83	9,474.97
Surveys .....	50.00					
Volunteer .....	106.00	132.00	117.00	154.00	153.00	126.00
Convention, previous year		4,621.26	724.56	2,377.45	2,110.62	139.50
current year		6,785.16	665.00	1,952.50	8,238.70	1,287.50
Sales: literature, insignia,						
O.T. pins .....	1,511.73	1,616.93	1,594.76	1,988.25	3,115.77	3,144.67
Yearbook, sales .....	252.60	206.64	143.43	270.88	149.88	164.38
Yearbook, advertising ....	42.50	1,780.04	1,958.81	1,720.24	1,782.65	1,816.37
Donations .....	150.25	387.50				
Interest, bank and bond			485.44	525.82	541.33	602.61
Miscellaneous .....		126.20	10.00			
Total income .....	\$34,846.78	\$58,706.17	\$53,690.35	\$62,374.20	\$78,654.03	\$75,780.85
	1948	1949	1950	1951	1952	1953
<b>EXPENSES: (General)</b>						
Salaries .....	\$12,600.52	\$12,673.70	\$16,039.71	\$17,358.56	\$17,657.87	\$17,468.88
Travel .....	244.43	983.23	1,540.38	950.78	727.06	1,444.09
AJOT costs and expenses	10,655.99	9,823.59	16,816.68	17,674.64	20,731.30	22,303.68
Cooperation with other						
agencies .....	309.13	202.59	327.34	129.99	147.00	113.00
Recruitment expense and						
publicity .....		1,329.57	1,994.34	2,512.13	1,921.26	936.43
Convention expenses,						
previous year .....	526.71	2,975.58	583.95	2,874.00	2,312.16	500.00
current year .....	695.40	5,045.04	338.48	275.55	4,920.85	375.10
Exhibits .....	350.00	66.33	39.70	344.63	189.68	194.61
Newsletter .....			865.89	1,500.67	1,703.30	1,678.47
Standard plans .....				1,128.97		
Material purchased for						
resale .....	1,590.56	1,499.99	939.15	1,556.89	2,464.02	1,934.53
Loss, re settlement with						
AJOT .....		388.38				
<b>General Service and Office Expense</b>						
Rent and light .....	1,865.04	1,865.04	1,943.36	2,100.00	2,100.00	2,100.00
Telephone and						
telegraph .....	520.69	484.56	503.27	518.01	521.95	428.56
Auditing and legal....	160.00	130.00	190.00	245.00	145.00	215.00
Printing, yearbook.....	3,224.89	3,011.99	3,861.64	4,829.91	4,833.93	5,512.16
Printing, general .....	611.14	1,726.03	1,039.41	1,056.16	1,166.43	1,226.49
Books, subscriptions....			186.78	119.50	111.47	155.75
Office supplies.....	695.66	607.24	1,218.72	1,409.46	1,543.90	1,879.98
Postage and express....	639.77	1,321.24	1,460.99	1,585.09	2,096.92	2,496.25
Bonding .....	16.39	34.90				
Payroll taxes.....	454.62	512.70	727.29	997.50	1,112.00	1,020.21
Office repairs .....	18.50	32.09	253.79	337.11	134.77	172.49
Depreciation .....	287.30	335.12	371.72	403.93	418.27	421.19
Miscellaneous .....	248.99	407.78	238.21	264.43	514.56	477.41
Appropriation to educa-						
tional fund .....	3,000.00			3,000.00	3,925.00	6,300.00
Total expenses .....	\$38,715.66	\$45,456.69	\$51,480.80	\$63,172.91	\$71,398.70	\$69,354.28
Excess income over ex-						
penses .....	\$(3,868.88)	\$13,249.48	\$ 2,209.55	\$ (798.71)	\$ 7,255.33	\$ 6,426.57

### Educational Fund

	1948	1949	1950	1951	1952	1953
<b>INCOME:</b>						
Grant from N.F.I.P. for scholarships .....		\$ 4,380.00	\$	\$	\$	\$
Grant from W. K. Kellogg Foundation.....	7,000.00	10,000.00	8,000.00			
Appropriation from general fund .....	3,000.00			3,000.00	3,925.00	6,300.00
Examination fees.....	5,040.00	3,620.00	3,920.00	4,390.00	4,730.00	4,585.00
Sale of reprints.....	53.40	228.80	268.77	827.99	1,078.67	1,261.75
Donations .....					470.00	300.00
Conference institute.....	537.50	2,663.17		675.00	1,971.25	
Interest on bank balance .....		62.27	89.28	90.62	114.52	67.34
Surveys.....	55.04	50.00				
Total income .....	\$15,685.94	\$21,004.24	\$12,278.05	\$ 8,983.61	\$12,289.44	\$12,514.09
<b>EXPENSES: ( Educational )</b>						
Salaries .....	\$ 4,683.43	\$ 5,613.98	\$ 5,455.06	\$ 5,169.39	\$ 6,095.76	\$ 5,918.30
Travel .....	416.53	316.19	330.36	431.30	332.68	588.96
Scholarships .....		4,416.10				
Conference institute.....	484.53	234.76	55.38	624.59	939.05	41.97
Reprints purchased .....	35.05	152.79	58.02	728.25	760.28	724.57
Committee expenses .....		179.11	558.98	249.51	227.72	199.74
Rent and light .....	780.00	780.00	820.00	900.00	900.00	900.00
Telephone and telegraph .....	255.52	212.40	242.58	254.27	197.88	232.82
Stationery and supplies.....	159.02	342.33	398.37	188.13	246.86	171.16
Postage and express.....	262.33	324.51	373.44	232.80	158.34	279.62
Printing .....	706.90	1,103.84	1,012.56	319.62	53.91	196.71
Auditing .....	90.00	90.00	100.00	130.00	130.00	175.00
Payroll taxes .....	171.51	214.84	217.50	213.83	291.16	231.87
Office repairs .....	20.16		74.75	100.00	36.50	11.00
Consultant .....	1,889.00	2,630.00	1,800.00	2,314.00	3,048.00	1,880.00
Computations .....	285.00	416.70	293.75	632.00	259.00	835.00
Examination expense .....	534.61			343.60	498.46	577.98
Depreciation .....	29.56	45.66	58.74	65.27	71.80	72.86
Miscellaneous .....		116.24	42.77	21.25	5.45	10.50
Consultation charges on research project .....					42.00	
Total expenses .....	\$10,803.15	\$17,189.45	\$11,892.26	\$12,917.81	\$14,294.85	\$13,048.06
Less consultant and secretarial expense charged to Grant fund.....					1,500.00	
Excess income over expenses .....	\$ 4,882.79	\$ 3,814.79	\$ 385.79	( \$3,934.20 )	( \$ 505.41 )	( \$ 533.97 )

### COMPARATIVE BALANCE 1948-1953

#### Assets and Liabilities

	1948	1949	1950	1951	1952	1953
<b>ASSETS:</b>						
Cash in banks and on hand .....	\$10,530.95	\$21,029.91	\$28,730.57	\$17,895.24	\$27,242.80	\$38,067.13
General fund .....	2,873.53	12,744.48	12,999.93	11,598.22	20,138.80	24,514.16
Endowment fund.....	2,077.99	2,522.57	9.55	20.94	36.92	62.10
Educational fund.....	5,580.13	5,762.86	8,223.95	4,831.52	4,165.30	3,635.37
Grant fund .....			7,497.14	1,445.01	2,901.78	431.29
N.F.I.P. .....						9,423.91
Investments, U.S. Government bonds .....						
Reserve .....			2,100.00	2,600.00	3,100.00	3,600.00
Endowment .....	16,600.00	16,600.00	18,700.00	18,700.00	18,700.00	18,700.00
Accounts receivable, AJOT .....		820.62	1,562.70	499.70	555.20	405.80
Office furniture and fixtures, less depreciation .....	3,068.57	3,260.72	3,359.65	3,157.90	2,809.61	2,452.12
Deferred charges .....						
Deposits, on lease .....	220.42	220.42	250.00	250.00	250.00	250.00
Deposits, on airline travel .....				425.00	425.00	425.00
Deposits, on N. Y. State disability .....				58.00	58.00	58.00
Metered postage .....			8.42	193.13	138.35	27.89



	1948	1949	1950	1951	1952	1953
AJOT cash revolving fund .....				141.83	403.61	158.46
Inventories, reprints and insignia .....	2,746.01	1,408.67	2,010.54	1,016.92	1,416.41	2,104.43
Inventories, back issues of AJOT .....		82.90				
Total assets .....	\$33,165.95	\$43,423.24	\$56,721.88	\$44,937.72	\$55,098.98	\$66,248.83
<b>LIABILITIES:</b>						
Accounts payable						
Social security taxes and N.Y. state disability....\$	35.18	\$ 35.70	\$ 17.58	\$ 43.36	\$ 22.00	\$ 23.59
Convention, 1952.....					2,709.50	
Purchase creditors.....	3,091.12	218.34	1,510.70			
Reserves						
For scholarships .....			489.75	964.61	172.61	1,158.87
For research projects.....					158.00	158.00
Unexpended balance of grant from N.F.I.P.....	4,380.00					
	\$ 7,506.30	\$ 254.04	\$ 1,918.03	\$ 1,007.97	\$ 3,062.11	\$ 1,340.46
Surplus .....	25,659.65	43,169.20	54,703.85	43,929.75	52,036.87	64,908.37
Total liabilities and surplus .....	\$33,165.95	\$43,423.24	\$56,721.88	\$44,937.72	\$55,098.98	\$66,248.83

### SUMMARY OF COMPARATIVE BUDGETS

	1948	1949	1950	1951	1952	1953
<i>General fund</i>						
Total income .....	\$34,846.78	\$58,706.17	\$53,699.35	\$62,374.20	\$78,654.03	\$75,780.85
Total expenses .....	38,715.66	45,456.69	51,480.80	63,172.91	71,398.70	69,354.28
Excess income over expenses .....	(3,868.88)	13,249.48	2,209.55	( 798.71)	7,255.33	6,426.57
<i>Educational fund</i>						
Total income .....	15,685.94	21,004.24	12,278.05	8,983.61	12,289.44	12,514.09
Total expenses .....	10,803.15	17,189.45	11,892.26	12,917.81	12,794.85	13,048.06
Excess income over expenses .....	4,882.79	3,814.79	385.79	(3,934.20)	( 505.41)	( 533.97)
<i>Assets and Liabilities</i>						
Total assets .....	33,165.95	43,423.24	56,721.88	44,937.72	55,098.98	66,248.83
Total liabilities .....	7,506.30	254.04	1,918.03	1,007.97	3,062.11	1,340.46
Surplus .....	25,659.65	43,169.20	54,703.85	43,929.75	52,036.87	64,908.37

### Statement of A.O.T.A. Reserve Funds

Cash on hand, August 31, 1953.....	\$28,643.22
Endowment fund \$18,700.00 (income only may be used) Yearly Income.....	565.10
Reserve funds:	
Investments .....	\$ 3,600.00
Cash deposits, N.Y. State	
Disability insurance....\$	58.00
T.W.A. travel.....	425.00
rent .....	250.00
733.00	
Reserve for scholarships.....	1,158.87
Reserve for depreciation of furniture .....	3,014.77
Reserve for Morris research.....	158.00
8,664.64	
Total reserve fund.....	\$37,872.96

### NOMINATING COMMITTEE

The nominating committee presented a slate of nominees based on the recommendations of the various state associations. The slate was balloted by the membership through a vote by mail. The results of the election are as follows: second vice-president, Miss Florence Stattel, O.T.R.; re-elected to the office of treasurer, Miss Clare Spackman, O.T.R.; members of the Board of Management, Miss Marie Louise Franciscus, O.T.R.; Miss Caroline Thompson, O.T.R. and Capt. Gertrude Murray, WMSC (OT); fellows on the Board of Management, Arthur Jones, M.D., University of Oregon Medical Center, and Donald Rose, M.D., University of Kansas Medical Center.

Respectfully submitted,  
Martha Schnebly  
Chairman

## CONSTITUTION REVISION COMMITTEE

A copy of the voted revisions of Articles III, IV, V and VI of the AOTA constitution follows. Excerpts from the original constitution are in the column on the left and changes are in the column on the right.

### PRESENT CONSTITUTION

#### ARTICLE III

##### Officers

Sec. 1. The officers of the American Occupational Therapy Association shall be a president, first vice-president, second vice-president, and treasurer elected by the members at the annual meeting. They shall serve a three-year term. The president and vice-presidents may not serve more than two consecutive terms. They shall assume office at the final session of the annual meeting at which they are elected.

Sec. 2. The president shall preside at all meetings of the Association, shall be chairman of the Board of Management, and ex-officio a member of all committees. He shall have power to sign all written obligations of the Association, and to appoint chairmen and membership of all committees.

The remainder of Sec. 2 is unchanged.

Sec. 3 is unchanged.

#### ARTICLE IV

##### Board of Management

Sec. 1. The affairs of the Association shall be managed by a Board of Management to consist of the officers, six members of the House of Delegates and thirteen other persons, eight of whom shall have been active members of the Association for one year previous to their election. The other five may be active therapists who have been active members for one year, or Fellows.

The remainder of Sec. 1 is unchanged.

Sec. 2, 3, and 4 are unchanged.

#### ARTICLE V

##### Executive Committee

Sec. 1. The executive committee shall consist of the president, one of the vice-presidents, the treasurer, and four members of the Board of Management, one of whom shall be a member of the House of Delegates serving on the Board.

The remainder of Sec. 1 is unchanged.

Sec. 2, 3, 4, 5, 6, and 7 are unchanged.

#### ARTICLE VI

##### House of Delegates

There is no change in Sec. 1-8; only addition of Sec. 9.

### SUGGESTED REVISIONS

#### ARTICLE III

##### Officers

Sec. 1. The officers of the American Occupational Therapy Association shall be a president, first vice-president, second vice-president and treasurer. The term of office shall be three years. The president and vice-presidents may not serve more than two consecutive terms. The president and treasurer shall be elected at the annual meeting one year prior to assuming office. They shall assume office at the final session of the annual meeting one year following their election. The vice-presidents shall be elected at the annual meeting, assuming office at the final session of the annual meeting at which they are elected.

Sec. 2. The president shall preside at all meetings of the Association, shall be chairman of the Board of Management, and ex-officio a member of all committees. He shall have power to sign all written obligations of the Association, and to appoint chairmen and membership of all committees, except the nominating committee and those otherwise provided for in this constitution.

#### ARTICLE IV

##### Board of Management

Sec. 1. The affairs of the Association shall be managed by a Board of Management to consist of the officers, six members of the House of Delegates and thirteen other persons, eight of whom shall have been active members of the Association for one year previous to election. The other five may be active therapists who have been active members for one year, or Fellows. The president-elect and treasurer-elect shall also serve as non-voting members. The past president shall serve as a non-voting member for one year following his term of office.

#### ARTICLE V

##### Executive Committee

Sec. 1. The executive committee shall consist of the president, one of the vice-presidents, the treasurer, and four members of the Board of Management, one of whom shall be a member of the House of Delegates serving on the Board. The president-elect and the treasurer-elect shall be non-voting members.

#### ARTICLE VI

##### House of Delegates

Sec. 9. The House of Delegates shall elect annually a chairman of the nominating committee from the membership at large. The chairman will appoint his own committee of no less than four members.

**NOTE:** The method of election will have to be determined by the House of Delegates and incorporated in "Formation and Functions" since this is not within the province of this committee.

Respectfully submitted  
Ruth Zieck, O.T.R.  
Chairman

## AMERICAN JOURNAL OF OCCUPATIONAL THERAPY

The Board of Management approved a new type of delegate's report. Instead of long, didactic reports of monthly meetings, it was voted that a more general report of the year's activity be submitted with emphasis on the aims of the association for the year and how these were accomplished.

Sister Jeanne Marie's committee on graduate study endeavored to get AJOT listed in the Reader's Guide after efforts on the part of the editorial office were without success. Her committee found that the most effective means of getting a listing would be through requests from librarians. Therefore every member should request her librarian to write for a listing.

A picture page was also voted for ensuing issues. Anyone who has interesting photographs should please send them to the editorial office.

The advertising section of the Journal has not grown as rapidly as it should due to the lack of support given new advertisers by the members of AOTA. When I was appointed your editor in 1949, I had high hopes for the financial success of the Journal. After a couple of years, as you recall, I proudly reported that advertising space was up to sixteen pages. I envisioned a nice healthy growth. But unfortunately your patronage was not forthcoming so instead of reporting twenty pages of advertising, we have slumped to twelve pages. This means a loss of \$7,200 a year. Imagine what our association could do with that additional revenue! Therefore show your interest and write for catalogs and samples—you will be rewarded with information of interest to you.

Otherwise your response and interest has been commendable. I feel privileged to get to know so many of you through correspondence and to have had so many pleasant contacts with you.

Respectfully submitted,  
Lucie Spence Murphy, O.T.R.  
Editor

### PERMANENT CONFERENCE COMMITTEE

Following the 1952 annual meeting in Milwaukee, the permanent conference committee was reorganized and enlarged at the request of the president. Under a general chairman sub-committees have been established on program, exhibits, registration and publicity. The purpose of the enlarged committee is to advise and to assist the local committee in planning for and facilitating the operation in these areas at the time of the conference. Therefore the permanent conference committee is to be composed of five members as follows: the general chairman and a sub-chairman on conference program, exhibits, registration and publicity, with the executive director and educational field secretary of AOTA, the editor of AJOT, the incoming state conference chairman, the incumbent state chairman, and the president of AOTA as members ex officio.

The members of the permanent conference committee are chosen from all parts of the country in order to bring to the local committees the interests of the whole membership. They will suggest speakers, ideas or plans which may make valuable contributions to the conference program.

The local conference committee with its charming and efficient chairman, Mrs. Lucille Lacy, aided by all of our Texas members, have gone "all out" to uphold the tradition of this great state to make the 36th annual conference the biggest, the best and the most!

The institute, planned and guided by Mrs. Fannie Vanderkooi is recorded as very successful and beneficial to the interests and aims of the much needed research in the various fields of occupational therapy.

AJOT VIII, 1, 1954

The program has been planned by the committee of which Mary Britton is chairman. It includes, in so far as possible, every area of occupational therapy. It is our earnest desire to bring to every therapist something of value in her field. We realize the conference days are all too short and each of you perhaps would like a larger share of time allotted to your particular specialty.

Committee meetings present many conflicts as the same members often serve on two, three, or more committees. The conference chairmen for several years have worked diligently to overcome this problem. We want to know whether this year's schedule has been more satisfactory. Scheduling the institute on Monday and Tuesday before the general sessions is an attempt to overcome some of the conflicting problems and is a trial this year. Please tell us how you have liked the arrangement.

In order to bring more inclusive programs or perhaps workshop sessions in the various specialties of occupational therapy to you would necessitate establishing a plan for sectional meetings running concurrently. It is felt that we are ready for this kind of program which would require many more speakers with smaller membership attendance in each group. The value of course is greater emphasis on and participation in your chosen field of endeavor. These matters were presented to the Board of Management for consideration and we have approval to proceed with the plan for next year. We hope you will express your preference and suggestions to the committee.

The date for our annual conference is established as the second or third week in October with flexibility as may be necessary for hotel arrangements or other insurmountable local conditions.

The chairman of exhibits, Miss Davis, who unfortunately was unable to be with us, arranged for the commercial exhibitors occupying 24 booths. (This is slightly less than in Milwaukee last year and is generally attributed to the lateness of our meeting and this more remote location).

It is hardly necessary, I am sure, to urge you to visit the commercial exhibits frequently and to take adequate time to investigate the fine displays of material and equipment which have been brought here for your inspection. These exhibitors make a fine contribution to our conference and to the association and we owe them our loyal support and patronage.

The 1954 conference will be held in Washington, D.C., October 16-23, at the Shoreham Hotel and is sponsored by the Washington, Maryland, and Virginia Associations. Miss Mary Beach is general chairman; Mrs. Arvilla Merrill, co-chairman; Miss Ruth Brunyate, institute chairman; Miss H. Elizabeth Messick, program chairman; Major Kathryn Maurice, chairman of special events.

The 1955 conference is to be held October 8-14 at the Palace Hotel, San Francisco, California. This is not the most modern hotel but is reputed to have the interesting atmosphere of "Old San Francisco" and with reasonable rates.

The 1956 conference will be in Minneapolis, Minnesota.

We must begin to consider the location of the 1957 meeting at this time. Hotels in many cities are soliciting our business. Invitations are in order from state associations.

Suggestions have been made that we consider meeting in conjunction with some large medical group such as the American Hospital Association. Such a plan would involve rather extensive preliminary planning. The committee would appreciate any expression on preference of location, type of meeting, program and such other counsel as will aid them in developing the best possible conference for you, the members.

Respectfully submitted,  
Winifred C. Kahmann, O.T.R.  
Chairman

## THE SPECIAL STUDIES COMMITTEE

The special studies committee met at the annual conference in Houston, Texas, for the purpose of reorganizing, defining objectives and establishing a plan of operation. Twenty-six interested persons were present and communications had been received from eight others, unable to attend, but willing to serve. The main objective of the special studies committee is to assist occupational therapists in studying and testing treatment procedures, equipment and theories in order to eventually produce material to which we can point and say this is what we are doing and what we have proved.

It was reported to the group present that consultation with a research engineer brought forth much information of value to us. Following is a very condensed report of this consultation:

1. What is the difference between a "special study" and a "research project?" A "study" is a test run to prove indications as to a need for further research. It is operated on the same pattern as a research project but involves fewer subjects.

2. Can several identical tests be conducted simultaneously in several different departments? Yes, but variables in departments may prove one's technique or equipment is more effective than another's; or personality qualities of one staff may produce different effects than another.

3. What is the best procedure in choosing a subject or problem to be tested? First, make a list of the many questions that are bothering O.T.R.'s and spend some time cataloging them. Try to get to the very basic and specific questions first. Don't try to prove a point so general in nature that the results are bound to be invalid! Choose a specific question which when set up for a test will not be too difficult to completely cover from the standpoint of recording data.

Remember, in doing special studies one faces the possibilities that are faced in research. Are you willing to face the following possibilities?

1. You may explode a theory you have believed in and taught for years or you may prove that what you have been accepting is true.

2. You may find that a treatment you have said is very effective to certain patients is quite ineffectual; or you may prove that it is more effectual than you have assumed.

3. You may discover that certain pieces of your equipment are more effective and versatile than you know; or you may find that some of this equipment is not worth using.

4. You may even find out that O.T. isn't as dynamic a treatment as you think; or you may find it to be more so and glad that you can prove it.

Two things are essential in doing special studies in order to insure validity:

1. *Honesty of reporting.* Not that any O.T.R. is going to deliberately pad recording of data in order to "prove" a point, but misinterpretation is possible when several O.T.R.'s are doing a similar study greatly removed from each other.

2. *Unity of method.* Establishing a plan of recording data that will be all inclusive yet as easy to follow as possible.

In setting up a test there are three approaches which may be considered: (1) diagnostic groups (reactions to specific treatment procedures); (2) equipment or media (proving what it is capable of doing — things we have accepted at face value); (3) theories (proof of treatment aims).

Words of advice: (1) Keep initial tests elementary. (2) Do one at a time. (3) Take your time in selecting the test and in setting it up in order to be thorough. (4) Remember that not all tests prove positive answers; you can pro-

duce negative ones. (5) Patience and accuracy are essential to doing a good test.

Prior to the meeting thirty occupational therapists were asked to submit questions they have been asked or are asking themselves in order to start our search for an initial test study. Quite a number of these came in and were sorted according to the five major medical areas. The group then divided according to these areas and met to discuss these questions and add more. We then reconvened in entirety and the following decisions were reached:

1. To organize permanently in sections to cover each medical area with a chairman for each section.

2. To maintain a central or control committee on which these chairmen will serve.

3. To solicit more questions from the field to be catalogued and studied at the mid-year meeting. The questions to be in the hands of the chairmen by February 15, 1954.

4. To develop testing procedures and solicit more help from research consultants.

5. To ask the Board of Management that the new committee on establishment of an occupational therapy research laboratory become a part of the special studies committee (This was approved at the Board meeting.)

6. To publicize our purpose and aims and to solicit questions from the field through AJOT, Newsletter, House of Delegates and some direct mail.

7. To request that all studies and research started independently in the field be reported to the special studies committee for consultation, recommendation and recording.

We earnestly solicit the help of any occupational therapists interested in this committee. If you have any questions to submit please send them to the chairman by February 15th. If you are interested in serving on this committee in any way please write to the chairman.

Respectfully submitted,  
G. Margaret Gleave, O.T.R.  
Chairman

## LEGISLATIVE AND CIVIL SERVICE COMMITTEE

The legislative and civil service committee report is a brief one which I think is a very good indication that the Association is in a healthy condition as it is only when we are in trouble that the legislative and civil service committee becomes more active.

Early in the year all delegates were requested to send to the national chairman the name of their state legislative and civil service committee chairman and any state legislative or civil service problems. Fourteen states replied. Southern California, Connecticut and Rhode Island reported salary changes and job reclassifications. Connecticut and Minnesota reported problems of licensing.

A questionnaire from the Civil Service Assembly of the United States and the Institute of Public Administration of the University of Michigan was received and returned completed by the executive director.

This year all matters of legislative and civil service nature have been handled by the executive director with carbon copies sent to the national chairman. I wish to thank Miss Fish for her work and cooperation.

Much of this work could be accomplished by the national chairman if she were located in the East with access to the national office and thus relieve the executive director of this added burden.

On November 14, 1953, during the annual conference held in Houston, the legislative and civil service committee meeting was called to order with representation from eight states and the territory of Hawaii. Salaries and job classifications were discussed under old business, but apparently there are no urgent problems at this time.



Licensing was discussed at some length. Connecticut reported that physical therapists were licensed this biennium but the bill did not include occupational therapists. Connecticut also reported that assistance had been given by a five-man advisory board with whom they meet approximately quarter-annually. Minnesota membership is divided on this issue as national registration cannot be required on job specifications but state licensing would be required.

Hawaii reported a recruitment problem. Job specifications require one year's experience and all available candidates are young graduates with no experience.

The committee recommends that all state civil service and legislative committees become more active in collecting job specifications and salary ranges of all occupational therapy series by asking to be placed on the mailing list of all civil service boards. The material gathered should be kept current and should be sent to the national legislative and civil service chairman for national distribution.

Respectfully submitted,  
Mary Louise Crook, O.T.R.  
*Substitute Chairman*

## RECRUITMENT AND PUBLICITY COMMITTEE

"Recruit," according to the dictionary, means "to restore vigor." Reading of the tremendous job being carried out by recruitment committees everywhere, one cannot imagine a hollow-eyed chairman using any semblance of restored vigor to ask Webster to revise his dictionary.

Behind the front lines, however, where the ammunition made possible by the NFIP grant is just beginning to roll off the assembly lines, vigor is indeed restored, and the hope is that the spirit will reach the troops before they start dreaming of "rotation."

The 1953 recruitment campaign began with a study from which it became apparent that certain areas of activity should receive special and concentrated attention. These areas are as follows:

1. Individual effort and person-to-person recruitment
2. More activity with parent groups
3. More recruitment with lower age groups
4. Recruitment of men
5. More recruitment in small towns and rural areas
6. More student participation

In February a grant of \$16,000 was received from the National Foundation for Infantile Paralysis to be used for recruitment purposes. This grant was the catalyst for the release of two important elements, enthusiasm and activity, both in enormous quantities. The enthusiasm is widespread; up to now, by the nature of things, most of the activity has stemmed from the national office, as shown by the following achievements:

1. The services of Bonner and Newman, Inc., secured as public relations consultants for one year.
2. Leaflets, "Listing of Literature on Occupational Therapy" and "Description of Traveling Exhibits," revised and printed in bulk.
3. Three new brochures prepared and printed: "Training for Your Career in Occupational Therapy" (87,000 copies); "Your Career: Occupational Therapy" (75,000 copies); and the service brochure (35,000 copies).
4. A photographic poster is just off the press.
5. Excellent publicity in nationally circulated magazines. "Jobs and Futures: Occupational Therapy" appeared in the January issue of *Mademoiselle*, and "Joy Picks Exciting New Career" was in the August issue of *Pageant*. Reprints of both articles were widely circulated.
6. Nationwide press release, "Curing by Doing," released

by the United Press Association, Washington Editorial Syndicate, in July.

7. Creation of a news release from the story of Pageant in the form of a "mat" distributed by local chairmen and supplemented by the release of 500 mats from the national office.

Other national office activities include supplying literature to major distributors of career information, contribution of copy to the *American Journal of Public Health* (June), participation in the Advisory Committee on recruitment with the American Association of Social Workers, and furnishing photos and data on occupational therapy in poliomyelitis to the NFIP public relations division for a joint story.

In the state recruitment committees the aforementioned aids and a wide variety of standard recruitment media are being used in a highly satisfactory manner. Not a few of the committees have added a high degree of ingenuity to the standard equipment.

The principal forms of activity at the local level have been speeches and the mailing of literature. Speakers have appeared before an amazing variety of service clubs, school groups and other types of organizations. Literature in large amounts has been mailed to individuals, high schools, colleges, libraries, guidance counselors, clubs and others. Newspaper coverage has been good. There has been an increase in the number of radio programs and announcements. Career days are well covered.

Other media, all used by two or more committees, include exhibits, donations to libraries, library surveys, hospital tours, film strips and slides, posters and many others.

The priceless assets of the most successful committees have been the careful thought and ingenuity applied to the recruitment program. In this respect, particular commendation is extended to the Illinois and Southern California committees for outstanding projects. Other state committees have done very excellent work in projects suited to the needs of their particular situations and are also deserving of commendation.

Recommendations at this time are as follows:

1. Continuation of the recruitment program with increasing emphasis on the areas outlined as resource materials become increasingly available from national headquarters.
2. Expend great effort to plan or create a system of evaluating the recruitment program in exact terms of how many individuals contacted by the committee actually matriculate at a school of occupational therapy.

Respectfully submitted,  
John D. Redjinski, O.T.R.  
*Chairman*

## THE COMMITTEE ON O.T. IN PSYCHIATRY

The committee has been undergoing a period of evaluation and reorganization as was indicated in the report to the midyear meeting of the Board of Management. The advisory group appointed to consider the problems encountered by the committee has formulated a standard operating procedure which provides for continuity of function of the committee through a strong executive committee.

**Projects:** One major project was completed; i.e., the collection and selection of material for the psychiatric issue of *A.J.O.T.* This committee has offered to perform this function for an annual issue of the *Journal*.

Other projects undertaken by this committee are as follows:

1. Observers have been appointed to report to the national office on developments relevant to our interests in allied professional groups.

2. A chairman has been appointed to prepare an exhibit for the American Psychiatric Association meeting in St. Louis.

3. A chairman has been appointed to study the returns from the questionnaire sent out last year.

4. A group has been designated to prepare a bibliography on psychiatric occupational therapy.

5. Plans are in preparation for study outlines which may be used by local groups interested in self-education.

*Recommendations:* In consideration of future development of the total occupational therapy profession, it would seem to us advisable that the composition of the Board of Management and fellows on the Board be such as to provide representation of the various fields of practice in proportion to the number of occupational therapists functioning in these fields of practice.

Various members of this executive committee have served on other committees of the A.O.T.A. It is our belief that such service has been more meaningful because of preliminary discussions within our own group. We believe that opinions and policies developed by this group are significantly more important than any one individual in the group can offer. In consequence, we feel it would be desirable to have acknowledged representation of this committee at any sessions affecting the psychiatric field.

As indicated in the standard operating procedure developed by this group, we are concerned about effective continuity for the work of this committee. We trust that the SOP will meet the approval of the Board of Management and that we may continue to function in this way with its blessing.

Respectfully submitted,  
Elizabeth P. Ridgway, O.T.R.  
*Chairman*

## THE WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

The first congress of the World Federation of Occupational Therapists will be held the week of August 16-21, 1954, in Edinburgh, Scotland. The meetings will be held in the zoological department of the University of Edinburgh, which is world famous for its medical school.

It is hoped that those planning to attend will come for the whole week. The program has been planned to provide special sessions in the five disability areas with opportunity for discussion between therapists on clinical procedures in different countries. Special lectures will be given by eminent physicians. Visits to hospitals with special clinics have also been arranged.

There will be ample time for sight seeing, some will be arranged in conjunction with the hospital trips. A special session on methods of training occupational therapists in the different countries will be held at the Astley Ainsley Hospital Scottish Occupational Therapy Training Center.

There will be a number of social functions arranged by civic and medical organizations.

The arrangements for the congress are under the guidance of Miss Bramwell, who is the director of the Scottish Occupational Therapy School and who is doing a yeoman's service.

The congress has been planned so that it is held the week prior to the Edinburgh Festival of Music and Drama, which opens August 22. Many of those attending may be interested in staying to attend the festival.

The cost of accommodation for the six days at the University Hostel will be approximately \$18. The registration fee for the congress will be \$6, if you apply before March 1; \$9 if you apply later. The preliminary program and application blank may be obtained from the American Occupational Therapy Association.

Some of those who are interested in going may also be interested in attending the meeting of the International Society for the Welfare of Cripples, which will be held the second week in September, at The Hague, Holland. We hope some of you may plan to attend both meetings.

The cost of air tourist round-trip fare from New York to England is \$525. Reservations should be made by January 1. Ship accommodations, tourist class, are slightly less expensive but hard to obtain, unless the return passage is booked for late September or October. The fare to England and return and your expenses at the meeting are deductible from your income tax as professional expenses provided you pay your own expenses.

In order to build a strong international group, funds are needed, especially now, to finance the First World Congress. Forty members of the American Occupational Therapy Association are now members, making a total contribution of \$165. These members will be billed again in February, as the fiscal year runs from April 1 to March 31.

We need new members or contributions from those interested in the World Federation of Occupational Therapists. Application blanks for individual membership, costing \$3, may be obtained from the American Occupational Therapy Association. Application blanks for subscriber membership may be obtained from me at a cost of \$6.

We hope that each local occupational therapy association will donate part of one of its meetings this winter to the World Federation of Occupational Therapists and the coming congress. It is also hoped that each association may have a member, planning to go to Europe, who will attend the congress and report on it to the association.

We are counting on a number of the American Occupational Therapy Association's members attending the conference. If you are planning to go, please let me know.

Very respectfully submitted,  
Clare S. Spackman  
*Delegate*

## FIRST CONFERENCE OF THE WORLD CONFEDERATION OF PHYSICAL THERAPISTS

The conference was held September 6-12, in the Borough of Westminster, London. Across the street was Westminster Abbey; the Houses of Parliament and the river Thames were just beyond. As we arrived each morning on a huge red double-decker bus and looked up at Big Ben we felt that History was all around us. It seemed very special—just to be there.

The professional sessions presented an unusually consistent approach to the treatment of patients. Most of the speakers placed great stress on the treatment of the patient as a whole human being and constant emphasis was laid on understanding the psychogenic aspects and even origins (in fibrositis) of his disability. In the face of this approach there was a disappointing lack of attention given to how this was to be done. Little mention was made of integration with occupational therapy or with other hospital services, though the roles played by the District Resettlement Officer and by industry in Great Britain were well presented.

Several live demonstrations were put on to show the value and method of treating patients in groups or "classes." Included were vigorous exercise periods for pre-operative and post-operative non-tuberculous chest surgery cases, and therapeutic games (exercises and habit training) for little children with asthma.

The commercial exhibits included a demonstration of an electric stair-climbing chair made in Denmark. It has three small wheels, placed clover-leaf fashion on each side of the chair under the center of gravity. The clover-leaf

turns as a unit, one small wheel catches on the stair tread above, and raises the whole chair up each time. An operator merely steadies it.

Mrs. Olive Guthrie-Smith was very gracious in demonstrating the Guthrie-Smith bed. She was pleased to learn that some of her equipment and techniques are being used by occupational therapists in the U. S. A.

The conference also included several social functions and a boat trip on the Thames, though attendance at these was by invitation only because of space restrictions. During the conference many visits were arranged to hospitals throughout London, while afterwards bus trips were organized to institutions throughout England and Scotland.

Great credit must be given to the Chartered Society of Physiotherapists who organized this first world conference. There were over 1200 registrants from all parts of the world, so that numbers alone constituted an organizational problem, even though people made all their own housing arrangements. Printed copies of the proceedings are being prepared and may be borrowed from the AOTA office.

It is difficult to express what it means to participate in a great conference like this one. One feels that the formation of a world-wide organization is a great step forward. There is much that we can learn and much that we in America can do to help those who are working to develop their own paramedical services. Each of us should give serious thought to participation in the World Federation of Occupational Therapists.

Respectfully submitted and with great appreciation,

Carlotta Welles, O.T.R.

AOTA Representative

## Pay for Occupational Therapy . . .

(Continued from page 2)

number of patients who probably would have remained in the hospital for the rest of their lives, it appears from the report that the savings were very substantial and, over a period of years, would much more than balance the cost of the additional treatment provided.

The moral of this story is not only that bread cast upon the water may return but that, from a money-in-the-pocket point of view, we must consider "pay" in broader terms than the immediate transfer of cash. Some sort of therapeutic lend-lease appears to be in order. When properly directed, there can be no question concerning the economic soundness of such a program.

In summary we may state that occupational therapy should pay for itself but we may need to accept payment in terms of values which are indirect, such as improved patient morale, better public relations or a shorter hospital stay. Although somewhat remote these items are none-the-less real.

## REPRINTS

Reprints are convenient for teaching files in hospitals. If you would like a few copies of articles appearing in this issue, your order will be honored if enough requests are received to total the minimum order of 50 for an article. Orders should be placed before the 25th of the month of publication.

AJOT VIII, 1, 1954

## Delegates Division

### NEW JERSEY

*Delegate-Reporter*, Gail S. Fidler, O.T.R.

The main goal of the New Jersey Occupational Therapy Association for the past year has been to increase the membership and increase attendance at association meetings.

In an effort to achieve this goal a greater number of meetings were planned with the hope that by frequent meetings we would be able to reach more members and increase the possibility of persons being able to attend by offering them more opportunity to do so. Again we hoped that more frequent contacts would create better group unity, interest and singleness of purpose.

Meetings were also planned in sufficient variety to meet the needs and interests of the diverse membership. For example, meetings were held on psychiatry, physical disabilities, tuberculosis, methods of research, and "the student speaks."

We have been quite pleased with the results of the program. Membership has increased, but more important there has been a considerable increase in the number attending meetings.

### OFFICERS

President .....	Dorothy D. Yeager, O.T.R.
First Vice-president .....	Lucille Boss, O.T.R.
Second Vice-president .....	Gloria Sosnowski, O.T.R.
Secretary .....	Mona Gold, O.T.R.
Treasurer .....	Fay McLaughlin, O.T.R.
Delegate .....	Gail S. Fidler, O.T.R.
Alternate Delegate .....	Naida Ackley, O.T.R.

### ILLINOIS

*Delegate-Reporter*, Elizabeth L. Jameson, O.T.R.

The Illinois Association has enjoyed an extremely successful year since September, 1952. Membership includes 80 active, five associate and two honorary, making a total of 87. Twelve meetings were held during the year with an average attendance of 40-50 persons. The efforts of the recruitment committee in this state, under the able guidance of Antje Price, chairman, have included talks throughout the state by IOTA members; posters made up and given to us by the Chicago Rotary Club and placed in all high schools throughout the state; distribution of newspaper release mats to various cities in the state; and numerous exhibits telling the story of occupational therapy.

Our treasury this year has probably shown more encouraging results than any other phase of our Association. During the year the finance committee, under the leadership of Grace DeTamble Crane, conducted two successful talent sales and one raffle, netting the Association needed increased revenue. Our new ways and means committee, chairmaned by Barbara Loomis, had a novelty plan for the AOTA conference in Texas in the form of postal cards for members to report back home the activities of the conference.

As is the usual custom, IOTA participated in the Tri-State Hospital Assembly meeting of the American Hospital Association in Chicago last spring. This meeting drew approximately 75-100 occupational therapists from surrounding states.

Members of IOTA took over the responsibility and manning of the AOTA exhibit at the Congress of Physical Medicine held here in Chicago during the summer, and many of the members of the state association attended various sessions of the congress.

Our professional standards committee, under the chairmanship of Beatrice Wade, continue in their efforts to raise the standards of the Illinois Civil Service Commission as it affects our field of occupational therapy and have met with some small success in the past year or so. The quality of applicants has improved decidedly.



In the past two years, two of our Illinois members have been awarded Fulbright scholarships to study for a year in Italy. Both Shirley Boland and Alice Clement have brought back glowing reports of their experiences, and of the progress of OT in that country. Goals at and for the year 1953-54 are:

- (1) Increased participation in recruitment efforts and public education.
- (2) Continued work on the standards in civil service in the state.
- (3) Summarization of vital statistics for the state of Illinois.
- (4) Further development of our newsletter.
- (5) Efforts toward developing more educational-type programs within our association.

#### OFFICERS

President .....	Renate Liebman, O.T.R.
Vice-president .....	Antje Price, O.T.R.
Secretary .....	Judith David, O.T.R.
Treasurer .....	Dorothy Hruby, O.T.R.
Delegate .....	Elizabeth L. Jameson, O.T.R.
Alternate Delegate .....	Jeanne Carroll Donlon, O.T.R.

#### HAWAII

*Delegate-Reporter, Jean E. Styles, O.T.R.*

Hale Mohalu, one of Hawaii's two hospitals for the care of those afflicted with Hansen's disease, was the scene of the general meeting of the Occupational Therapy Association of Hawaii on September 23, 1953.

The guest speaker was Dr. J. Warren White, orthopaedic consultant for many of the general hospitals throughout the Territory of Hawaii. His subject was the orthopaedic aspects of Hansen's disease and how occupational therapists can help in encouraging and treating these patients in order to fulfill the treatment program of the doctor. He seemed to feel that prophylaxis counted tremendously in science's endeavor to curb the spread of the disease.

In general he discussed the major deformities that result in the ankle, wrist, elbow and interdigital joints. They occur most frequently in those joints as they do not have as much stimulation as the others. Charcot's joints, named after a French neurologist, were defined as joints whose bones are absorbed. Then Dr. White went into some of the pathology of Hansen's disease. It is caused by a bacillus mycobacterium leprae whose favorite culture is in the nerves. The bacillus is similar to that of the tuberculosis bacillus but as yet science has not been able to isolate and culture it. The four stages of the disease are (1) anesthesia, (2) paralysis, (3) osteolysis (dissolution of the bone), and (4) arthropathy. At this point he brought out the fact that the first letter in each of the four words spelled "apoa" which is a Hawaiian word meaning "to seize" which is exactly what happens during the course of the disease. His lecture was further illuminated by interesting photographic illustrations showing various stages of the disease, decubiti and some forms of surgery that are performed.

He concluded by stating that Hansen's disease can be arrested as in any other condition, if it can be diagnosed in the early stages. The disease has often been confused with some more common maladies. Even after the disease is arrested, deformities can still result as dead nerves cannot be regenerated and proper prophylaxis must be taken in order to prevent said deformities. As stated previously, this is the area in which occupational therapy plays its role in the treatment of the disease.

After a brief business meeting, Dr. Grace Hedgecock, one of the resident physicians at Hale Mohalu, described and showed the group four of the main drugs used in the treatment of Hansen's disease. First was promine which comes in a vial in liquid form. Second was diasone which comes in pill form. Third was promizole in tablet form.

And fourth was promaceten which is also in tablet form. The last three are derivatives of sulfone drugs and to date have proven the most satisfactory in the treatment of Hansen's disease.

The association was most grateful to both Dr. White and Dr. Hedgecock for their informative talks and now feel much more enlightened on some of the aspects of the disease. Both doctors are keenly interested in occupational therapy and have a good understanding of the aims of that phase of the treatment program.

A refreshment hour followed the meeting.

On October 28 the Occupational Therapy Association of Hawaii was host at a tea given at the Waioli tea room in honor of Dr. Arthur C. Jones. Dr. Jones is the medical director of the Portland Rehabilitation Center, Portland, Oregon. While here he also spoke to the Oahu Society for Crippled Children and Adults, and was able to visit the new rehabilitation center which opened in September.

He discussed with the group at the luncheon the various physical medicine programs and rehabilitative centers that he was able to visit during his recent tour in Europe and Great Britain. Of all the areas covered, he felt that Great Britain had made the greatest strides in the advancement of physical medicine and rehabilitation, and that it was far above the standards attained in any of the other centers throughout the continent of Europe and Scandinavia.

In England more stress is placed on outdoor activities for the physically disabled person than in the United States. Patients are taught to participate in sporting activities within their capabilities. In the United States the craft angle is more apt to be stressed. Their vocational guidance program is also more elaborate.

Breaking down the programs of the various countries on the continent, he had these words to impart. Sweden was just beginning its rehabilitation program and the doctors were doing a good deal of testing on the disabled patients in order to enable them to set up some type of standard operating procedure. Norway does not, as yet, appear to have any definite type of program but there are a few occupational therapists working in the field.

In Vienna, Austria, he found that they had a fairly good rehabilitative program and perhaps the best on the continent itself. Those in Germany and Italy could be rated as fair. Switzerland was just beginning its program but there was no definite program at this time. He seemed to feel that France had little to offer.

Stemming back in history, he stated that the old guild system still persisted and that this sometimes hampered the growth of sound vocational and rehabilitative programs for patients as well as attempting to secure adequate and qualified therapists in respective fields of therapy. Guilds require that those training in the field must serve apprenticeship before they can serve as qualified workers in the field.

He also noted with interest that the supply problem was critical in the extreme sense of the word. However the ingenuity that the people used was amazing and he commended them on how well every scrap of material was utilized. Even the most ancient of crafts are used in the treatment program. Much of the supply problem lies in the fact that Europe is still recovering from the war, yet the willingness and eagerness is there to help those who help themselves.

Another interesting point that was brought out was the mental attitude of European peoples about the handicapped. Only in recent years have they begun to realize that they too have an important place in society and that they have many potentialities. In the United States these potentialities have been recognized for a longer period of time.

The association has been most fortunate in obtaining speakers such as Dr. Jones, Dr. Ruck, and others who have come to share their experiences with those in the Hawaiian Islands. It has helped those here to have a closer contact



with the latest developments on the mainland and to realize that Hawaii has something to offer also.

#### OFFICERS

President .....	Mrs. Esther Castle, O.T.R.
Vice-president .....	Mrs. Alyce M. Dahlgren, O.T.R.
Secretary .....	Mrs. Mi Sun Hong, O.T.R.
Treasurer .....	Mrs. Violet Kam, O.T.R.
Delegate .....	Lt. Jean E. Styles, O.T.R.
Alternate Delegate .....	Miss Catherine Nourse, O.T.R.

### MICHIGAN

*Delegate-Reporter, Ruth A. Berlow, O.T.R.*

Two years ago we had a dream and now it's a reality. The Michigan Occupational Therapy Association has a well established scholarship fund. This fund provides one tuition scholarship for each of the three Michigan schools of occupational therapy each year. All of the state regional groups participate and raise money in various ways: donations, card parties, craft sales and sale of Chandler products (printed labels, stationery, etc.). Last spring a check for \$50.00 was presented to MOTA from the Wayne University OT Club and \$100.00 from the Detroit group.

Students who have completed 60 hours of work in their OT program, and who are residents of Michigan, may make application to the scholarship committee. These applications are reviewed by the board of the Michigan Occupational Therapy Association, with the three school directors participating, and recipients are thus chosen. Scholarships are given on the basis of need, scholastic standing and potentialities for occupational therapy. Scholarship is not greatly emphasized if the student is doing capable work, need being the most important factor.

Our association is becoming increasingly active with allied professions. During the past year we affiliated with physical therapists in a workshop, which was sponsored by the Michigan Crippled Children Commission and the Michigan Department of Public Instruction. The meeting was held at the University of Michigan Hospital, Ann Arbor, and at the Horace H. Rackham School of Special Education, Ypsilanti. Last summer we participated in the geriatrics meeting at Ann Arbor under the direction of the Institute for Human Adjustment, University of Michigan.

We are now looking forward to affiliating with Tri-State. Our members are being informed and a vote of the membership will be taken at the spring meeting.

#### OFFICERS

President .....	Barbara Jewett, O.T.R.
Vice-president .....	Millah Nikkel, O.T.R.
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Alternate delegate .....	Ruth Berlow, O.T.R.
Delegate substitute .....	Dorothy Elliott, O.T.R.

### Dressing Techniques . . .

*(Continued from page 10)*

#### BRACES

No discussion of dressing techniques for the cerebral palsied child is complete without mentioning braces. For many of these children, braces are merely another article of clothing which must be worn all day, every day. Therefore if they are going to achieve independence in dressing, they must master the removal and putting on of braces.

Short leg braces, in general, do not present too great a problem. The child may be taught to un-

lace and unbuckle the brace, pull the caliper from the shoe and then remove his shoe as taught under "Shoes." Or he may be taught to unlace and unbuckle the brace, then unlace his shoe and slip out of the brace and shoe in one operation. These two procedures may then be reversed for putting on the short leg brace. Children who have more extensive bracing of their back, in addition to their legs and pelvic girdle, are usually too severely handicapped to reach complete independence.

#### REMOVAL OF BRACES

Before the child is taught to remove his long-leg braces, he should have first mastered the following: (1) taking off of shirt, dress, coat and sweater; (2) unlacing of shoes; (3) unbuckling; (4) for a boy, opening his pants and pulling them down over his hips.

##### *(1) Pants-and-Braces-off-Together Method:*

(a) *Mat:* First the child unlocks his braces. He then pushes his pants down over the buttocks and undoes the pelvic band. Then he undoes the thigh cuffs and ankle straps and finally unlaces his shoes. Now he begins to wiggle out of his braces and pants by pulling his feet out of his shoes and then by lifting and pulling himself out of them.

(b) *Chair or Bed:* For the child who has tight hamstrings and cannot reach his feet easily on a flat surface, have him start his undressing on a chair or on the side of the bed with braces unlocked. In this position he loosens pants, unbuckles ankle straps, unlaces shoes and pulls his pants down over his hips. Now to do the rest of the straps on his braces and wiggle out of them, he changes to the mat, or swings his legs up onto the bed.

(2) *Pants-off-First Method:* The child takes off his pants by whatever method found easiest in the undressing section. He then starts by undoing his pelvic band and works his way down to unlacing the shoe. He then takes his feet out first and proceeds in any above manner. Notice that in all these methods the shoes are left in the braces.

#### PUTTING ON BRACES

A child is not taught to put on his own braces until he has completely mastered undressing and the putting on of shirts, dresses, coats, sweaters, socks and shoes. A child should not be expected to place the calipers of his braces into shoes independently, since even adults have difficulty doing this.

(1) *Mat Method:* The child hoists himself into his braces which are completely open and flat. The calipers are then put into the shoes, which are already on the child. He then fastens the thigh cuffs, next knee pads, then ankle straps and last the pelvic band.

(2) *Chair or Bed Method*: For the child with tight hamstrings, the procedure above is followed, except have him bring his legs to the side of the bed, after calipers are put in, and proceed from there.

\* \* \*

Subsequent articles will deal with fastenings and special clothing for the cerebral palsied child.

The previous article in this series entitled "The Teaching of Writing to Cerebral Palsied Patients" which appeared in the November-December, 1953, issue of the *American Journal of Occupational Therapy* should also have listed New York University-Bellevue Medical Center and the New Jersey Cerebral Palsy League as institutions contributing to the study.

## Book Reviews and Abstracts

### SELF-HELP DEVICES

Institute of Physical Medicine and Rehabilitation,  
400 East 34th Street, New York 16, N. Y.

The sixth monograph on self-help devices published as a cooperative service project by the National Foundation for Infantile Paralysis and New York University-Bellevue Medical Center. This issue is devoted mainly to bathroom layout, equipment and accessories. Several floor plans are included for use in remodelling or planning new bathrooms.

Also included are other household devices that would be of value in building or remodelling a house for a wheelchair patient.

### FUNCTIONAL AND SURGICAL ANATOMY OF THE HAND

Emanuel B. Kaplan, M.D.

J. B. Lippincott Co., Philadelphia, 1953 288 pp., \$10.00

Reviewed by: Frances S. Nelson

Richly illustrated, skillfully written and practically treated, this new volume by one of our country's most eminent orthopedic surgeons will be of great interest to those groups concerned with the restoration of the function of the hand.

Although the book is divided into three sections, the bulk of the material is to be found in Part II which is concerned with structure and function. Here the occupational therapist will find a wealth of detail on the anatomy of the hand and wrist and a very helpful section of the mechanism of the fingers, thumb and wrist.

Dr. Kaplan's observation in cases of known nerve injuries of men wounded during World Wars I and II present an analysis which is outstanding in clarity of presentation.

### THE AMERICAN JOURNAL OF NURSING

Vol. 53, No. 6, 1953, Pages 725-727

#### *The Fatigue Syndrome*

Herman A. Dickel, M.D., and Henry H. Dixon, M.D.

The fatigue syndrome may be present in many bodily disturbances commonly thought of as psychosomatic disorders. Actually these patients always try to do every job as quickly and efficiently as possible. The harder they work, the more tense they become until their tense muscles no longer can store energy to meet emergencies.

Through effective training in relaxation these patients can learn how to banish the fatigue that causes their disability.

### SCIENCE FUN WITH MILK CARTONS

Herman and Nina Schneider

McGraw-Hill, New York, 1953

\$2.50, 159 pp.

Reviewed by: Mary D. Booth, O.T.R.

This book tells how to make bridges, trucks, boats and windlasses, which are both realistic and workable. The directions are clear and include simple explanations of the physical principles on which the constructions are based. The materials can be found in any home or hospital.

The therapist looking for activities for bed patients will find this book full of new ideas with an added premium of practical knowledge adapted to the elementary school boy.

### SOCIAL SERVICE IN THE TREATMENT OF CEREBRAL PALSY

Euzelia C. Smart, M.S.

*American Journal of Physical Medicine*, June, 1953

Reviewed by: Elizabeth M. Wagner, O.T.R.

Euzelia C. Smart, formerly director of social service, North Carolina Cerebral Palsy Hospital, Durham, North Carolina, discusses the fact that unresolved social problems may be the deterrents in the cerebral palsied child's rehabilitation. She concludes that (1) realistic rehabilitation goals will include a broad social evaluation, (2) effective planning must be based on the individualized situation, (3) social planning should be home-focused and (4) stress must be placed upon the need to provide for presently unmet and future needs.

### PSYCHOLOGICAL AND PHYSICAL EVALUATION OF PATIENTS WITH CEREBRAL PALSY STUDIED FOR PERIODS OF TEN YEARS OR MORE

Edith Meyer, Ph.D. and Bronson Crothers, M.D.

*American Journal of Physical Medicine*, June, 1953

Reviewed by: Elizabeth M. Wagner, O.T.R.

Dr. Edith Meyer discusses some of the psychological aspects of a study of some 200 cerebral palsied cases conducted at Children's Hospital in Boston, Massachusetts, the purpose of which was to evaluate the child's ability to adjust to his present life-situation, and to adjust to the demands of his environment. There are some extremely interesting comments on the validity of the predictions made by the study group, especially those concerning children with extrapyramidal difficulties, and children who have had acute infections and trauma to the nervous system. In summary, Dr. Meyer describes goals to be set in work with the cerebral palsied:

1. Give early attention to the parents' attitude; minimize periods of exclusive dependence on authoritative people; start some group activities.
2. Appraise difficulties realistically. Aim toward a life situation in which patient can function with relative ease and minimum emotional strain.
3. Stress the development of acceptable social situations.
4. Develop more realistic attitudes toward the handicap in the patient as well as in the community.

Dr. Crothers in his introduction to motion pictures presented as part of the study gives a few general impressions, and reports that most of the patients studied have kept to the general patterns described in the initial record, and that psychological testing was extraordinarily useful. He also emphasizes the importance of accurate sensory appraisal and indicates that in some cases the type of physiological disorder can change, which calls for working out a procedure which will force all of us to reconsider the whole situation at appropriate intervals.

## SCHOOLS OFFERING COURSES IN OCCUPATIONAL THERAPY

Name of School	Name and Address of Director	Tuition	Type of Course	Entrance Requirements	Classes Start	Length of Course	Students M	Students F
Boston School of Occupational Therapy Affiliated with Tufts College	Mrs. John A. Greene, President Boston School of Occupational Therapy, 7 Harcourt Street Boston 16, Massachusetts	\$500/acad. year \$200 clin. training \$500/acad. year \$200 clin. training	a. Advanced Certificate (Diploma) b. Degree (B.S. in Education) from Tufts plus B.S.O.T. diploma	*College degree or year of accredited professional training As for the college; qualified transfer student (Soph. yr. only)	Sept. Sept.	1 acad. yr. plus 10-12 mos. clin. training 4 acad. yrs. plus 12 mos. clin. training	Yes Yes	Yes Yes
Colorado Agricultural and Mechanical College School of Home Economics	Ast. Prof. Marjorie Ball, O.T.R. Director of Occupational Therapy, School of Home Economics, Colorado Agricultural and Mechanical College, Ft. Collins, Colo.	\$182/acad. year \$382 for out-of-state residents; \$53 clin. training	a. Degree (B.S. plus certificate) b. Adv. standing certificate	As for the College; a. qualified transfer student b. college degree	Sept. any quarter	a. 4 acad. yrs. plus 10 mos. clin. training b. 1 acad. yr. plus 10 mos. clin. training	Yes Yes	Yes Yes
Columbia University College of Physicians and Surgeons	Ast. Prof. Marie Louise Franciscus, O.T.R. Director of Training Courses in Occupational Therapy Columbia University, College of Physicians & Surgeons, 630 West 166th Street New York 32, New York	\$750/acad. year As above	a. Degree (B.S.) from Faculty of Medicine b. Advanced Certificate (Certificate)	*2 yrs. college College degree or accredited professional training	Sept. Sept.	2 acad. yrs. plus 9 mos. clin. training 1 acad. yr. plus 9 mos. clin. training	Yes Yes	Yes Yes
Illinois, University of College of Medicine	Assoc. Prof. Beatrice D. Wade, O.T.R. Head, Department of O.T. University of Illinois 1833 West Folk Street Chicago 12, Illinois	\$55 a semester \$101 for out-of-state residents	Degree (B.S. in O.T.) from College of Medicine	As for the College of Liberal Arts	Oct. Feb.	3 acad. yrs. Liberals Arts College 6 months College of Medicine & Medical Clinical affiliations	Yes	Yes
Iowa, State University College of Liberal Arts and College of Medicine	Ast. Prof. Elizabeth Hunisberry, O.T.R. Occupational Therapy Supervisor Department of Physical Medicine College of Medicine State University of Iowa Iowa City, Iowa	a. \$156/acad. year \$366 for out-of-state residents b. \$156/acad. year \$256 for out-of-state residents	a. Degree from Faculty of Liberal Arts, plus Certificate from College of Medicine b. Advanced standing (Certificate)	*As for the university	Sept. Feb.	4 acad. yrs. plus 10 mos. clin. training	Yes	Yes
Kalamazoo, School of Occupational Therapy of Western Michigan College of Education	Assoc. Prof. Marlon R. Spear O.T.R., Director of Occupational Therapy Kalamazoo School of Occupational Therapy of Western Michigan College of Education Kalamazoo 45, Michigan	\$140/acad. year \$215 for out-of-state residents As above	a. Degree (B.S. with major in O.T.) plus diploma b. Advanced Standing (Diploma)	As for the college; qualified transfer student Degree	Sept. Feb. Sept. Feb.	Approximately 3 1/2 acad. yrs. plus 9 mos. clin. training 2-3 semesters plus 9 mos. clin. training	Yes Yes	Yes Yes

\*Schools having additional requirements

Name of School	Name and Address of Director	Tuition	Type of Course	Entrance Requirements	Classes Start	Length of Course	Students M	Students F
Kansas, University of	Assoc. Prof. Nancie B. Greenman, O.T.R., Director of Occupational Therapy University of Kansas Lawrence, Kansas	\$110/acad. year \$250 for out-of-state residents	Degree (B.S. in O.T.)	As for the university; qualified transfer student	Sept. Feb.	4 acad. yrs. plus 12 mos. clin. training	No	Yes
Michigan State Normal College	Asst. Prof. Frances Herrick, O.T.R., Director of Occupational Therapy Michigan State Normal College Ypsilanti, Michigan	\$140/acad. year \$210 for out-of-state residents	Degree (B.S. with major in O. T.)	*As for the college	Sept. Feb. June	4 acad. yrs. plus 10 mos. clin. training	Yes	Yes
Mills College	Mrs. Anne N. Turchi, O.T.R., Director of Occupational Therapy Mills College Oakland 13, California	\$650/acad. year \$84 clin. training \$250/acad. year \$84 clin. training	a. Degree (B.A. with major in O.T.) plus Certificate b. Certificate	As for the college; qualified transfer student Degree from accredited college	Sept. Feb. Sept. Feb.	4 acad. yrs. plus 10 mos. clin. training 1 1/2 acad. yrs. plus 10 mos. clin. training	Yes Yes	Yes Yes
Milwaukee-Downer College	Prof. Henrietta McNary, O.T.R., Director, Department of Occupational Therapy Milwaukee-Downer College 2512 East Hartford Ave. Milwaukee 11, Wisconsin	\$350/acad. year \$50 clin. training	a. Degree (B.S. with major in O.T.) b. Diploma	*As for the college; qualified transfer student *As above plus 1 yr. college or professional training; qualified transfer student	Sept. Sept.	4 acad. yrs. plus 10 mos. clin. training 2 acad. yrs. plus 10 mos. clin. training	No No	Yes Yes
Minnesota University of School of Medicine	Miss Borghild Hansen, O.T.R., Director of Occupational Therapy University of Minnesota Minneapolis, Minnesota	\$187.55/acad. year \$397.55 for out-of-state residents	Degree (B.S. in O.T.)	2 years Arts College; qualified transfer student	Sept.	3 1/2 acad. yrs. plus 10 mos. clin. training	Yes	Yes
Mount Mary College	Sister Mary Arthur, O.T.R., Director of Occupational Therapy Mount Mary College Milwaukee 10, Wisconsin	\$250/acad. year \$10 clin. training	Degree (B.S.) plus Certificate	As for the college; qualified transfer student	Sept.	4 acad. yrs. plus 9 mos. clin. training	No	Yes
New Hampshire, University of College of Liberal Arts	Miss Esther Drew, O.T.R., Supervisor of Occupational Therapy Curriculum University of New Hampshire Durham, New Hampshire	\$250/acad. year \$60 clin. training \$500 for out-of-state residents \$135 clin. training	Degree (B.S. with major in O.T.) plus Certificate	*As for the university	Sept.	4 acad. yrs. plus 10 mos. clin. training	Yes	Yes



Name of School	Name and Address of Director	Tuition	Type of Course	Entrance Requirements	Classes Start	Length of Course	Students M	Students F
New York University School of Education	Assoc. Prof. Frieda J. Behlen, O.T.R. Director of Occupational Therapy Curriculum New York University Washington Square New York 3, New York	\$500/acad. yr. \$127.50 clin. training As above	a. Degree (B.S.) plus Certificate b. Certificate c. Graduate (M.A.)	*As for the university; qualified transfer student One year college O.T.R. or eligible for O.T.R. with college degree	Sept. Feb. June As above	4 acad. yrs. plus clin. training 1½ acad. yrs. plus 10 mos. clin. training	Yes Yes Yes	Yes Yes Yes
Ohio State University College of Education	Miss Barbara Locher, O.T.R. Chairman, O.T. Department The Ohio State University Columbus 10, Ohio	\$30/quarter \$105/quarter for out-of-state residents	Degree (B.S. in O.T.)	*As for the university; qualified transfer students	Sept. March	10 quarters plus 10 mos. clin. training	Yes	Yes
Pennsylvania University of School of Auxiliary Medical Services	Prof. Helen S. Willard, O.T.R. Director, Phila. School of O.T. 419 South 19th Street Philadelphia 46, Pa.	\$700 acad. year \$100 clin. training	a. Degree (B.S. in O.T. plus Certificate of proficiency) b. Certificate (Certificate of proficiency)	*As for the university; qualified transfer student *College degree	Sept. Sept.	4 acad. yrs. plus 10 mos. clin. training 1 acad. yr. plus 10 mos. clin. training	Yes Yes	Yes Yes
Puget Sound, College of	Asst. Prof. Shirley Bowling, O.T.R. Director of Curriculum in Occupational Therapy and Rehabilitation College of Puget Sound Tacoma 6, Washington	\$400/acad. year \$100 clin. training	a. Degree (B.S. in O.T.) plus certificate b. Certificate c. Advanced Standing with certificate	a. As for the college; qualified transfer student b. One year college (30 semester credits) c. College degree	Sept. Jan. Sept. Jan. Sept. Jan. June	a. 48 mos. b. 2 acad. yrs. plus 12 mos. clin. training c. 22 mos.	Yes Yes Yes	Yes Yes Yes
Richmond Professional Institute of the College of William and Mary	Miss H. Elizabeth Messick, O.T.R. Director, School of Occupational Therapy Professional Institute Richmond 20, Virginia	\$200/acad. year for out-of-state residents	a. Degree (B.S. in O.T.) b. Certificate c. Advanced Standing (Certificate)	As for the college; qualified transfer student One year college (30 semester credits) College degree	Sept. Sept. Sept.	4 acad. yrs. plus 10 mos. clin. training 2 acad. yrs. plus 9 mos. clin. training 1 acad. yr. plus 9 mos. clin. training	Yes Yes Yes	Yes Yes Yes
Saint Catherine, College of	Sister Jeanne Marie, O.T.R. Director of Occupational Therapy The College of Saint Catherine St. Paul 1, Minnesota	\$210/acad. year	Degree (B.S.)	*As for the college; qualified transfer student	Sept. Jan. March	4 acad. yrs. plus 9 mos. clin. training	No	Yes

Name of School	Name and Address of Director	Tuition	Type of Course	Entrance Requirements	Classes Start	Length of Course	Students
							M F
San Jose State College	Asst. Prof. Mary Booth, O.T.R. San Jose State College San Jose 14, California	\$24/acad. year  As above	a. Degree (B.A.)  b. Advanced Standing (Certificate)	As for college  College degree	Oct. Jan. April  As above	4 acad. yrs. plus 9 mos. clin. training 1 acad. yr. plus minimum of 9 mos. clin. training	Yes Yes  Yes Yes
Southern California University of Arts and Sciences	Assoc. Prof. Angelina Howard, O.T.R. Director of Occupational Therapy University of Southern California Box 274, Los Angeles 7, California	\$540-\$576/acad. year \$80 clin. training \$594/acad. year \$75 clin. training \$540/acad. year	a. Degree (B.S.) plus Certificate b. Advanced Standing (Certificate) c. Graduate (M.A.)	*As for the university  College degree OTR or eligible for OTR with college degree 1 yr. experience in O.T.	Sept. Feb.  July As above  Sept. Feb.	4 acad. yrs. plus 9 mos. clin. training 1 acad. yr. plus 9 mos. clin. training 1 acad. yr.	Yes Yes  Yes Yes Yes Yes
Texas State College for Women	Assoc. Prof. Fanny B. Vanderkool, O.T.R. Director of Occupational Therapy Department Texas State College for Women Denton, Texas	\$50/acad. year \$150 for out-of-state residents	a. Degree B.S. or B.A. with major in O.T. b. Advanced Standing (Certificate)	a. As for the college b. College degree	Sept. Feb. Sept. Feb.	a. 4 acad. yrs. plus 9 mos. clin. training b. 9 mos. on campus, 9 mos. clin. training	No Yes
Texas University of Medical Branch	Miss Elyda A. Seely, O.T.R. Director of Occupational Therapy University of Texas, Medical Branch Galveston, Texas	\$100/acad. year \$600 for out-of-state residents	Certificate	3 yrs. of college or college degree	Sept.	16 mos. incl. clinical training	Yes Yes
Washington University School of Medicine	Asst. Prof. Erna L. Slimek, O.T.R. Director, Department of Occupational Therapy Washington University School of Medicine 4567 Scott Avenue St Louis 10, Missouri	\$525/acad. year \$100 clin. training \$225 sem. \$60-\$80 clin. training \$450/acad. year \$100 clin. training	Degree (B.S. in O.T.)  Special (Certificate)  Advanced Standing (Certificate)	60 semester college credits 36 of which are in required subjects  College degree Proficiency in three major skills, hospital experience preferred  College degree	Sept.  Sept.  Sept.	2 acad. yrs. plus 10 mos. clin. training 1 semester plus 6 to 9 mos. clin. training 1 acad. yr. plus 10 mos. clin. training	Yes Yes Yes Yes Yes Yes
Wayne University College of Liberal Arts and College of Education	Asst. Prof. Barbara Jewett, O.T.R. Director of Occupational Therapy Wayne University Detroit 1, Michigan	\$150/acad. year  As above	a. Degree (B.S. in O.T.) b. Advanced Standing (Certificate)	As for the university  *College degree	Sept. Feb. June As above	4 acad. yrs. plus 10 mos. clin. training 1 acad. yr. plus 10 mos. clin. training	Yes Yes Yes Yes
Wisconsin University of Medicine	Asst. Prof. Caroline G. Thompson, O.T.R. Director of Occupational Therapy University of Wisconsin 1300 University Ave. Madison 6, Wisconsin	\$150/acad. year \$450 for out-of-state residents	Degree (B.S. in O.T.) from School of Education plus Certificate from School of Medicine	As for the university	Sept. Feb. June	4 acad. yrs. plus 10 mos. clin. training	Yes Yes

# CLASSIFIED ADVERTISING

*Classified advertising accepted for POSITIONS WANTED and POSITIONS AVAILABLE only. Minimum rate \$3.00 for 3 lines; each additional word ten cents. (Average 56 spaces per line). Copy deadline first of each month previous to publication.*

## POSITIONS AVAILABLE

Two positions open at Pontiac State Hospital, Pontiac, Michigan. Progressive, teaching, institution; clinical training center. Salary \$3,587 to \$4,363, forty hour week. Michigan Civil Service benefits. Apply to Personnel Officer.

Topeka State Hospital invites applications from men and women occupational therapists. Progressive program in all areas of psychiatry with national recognition. Excellent opportunity with vacation, sick and retirement benefits. Salary \$3360 to \$4980. Apply Personnel Officer, Topeka State Hospital, Topeka, Kansas.

Wanted: Occupational therapist for work in cerebral palsy treatment center. Good salary. Good working conditions. Scholarship available for additional training in cerebral palsy. Program directed by diplomate of the American Board of Physical Medicine. Write Herman L. Rudolph, M.D., 400 North Fifth Street, Reading, Pennsylvania.

Fairfield State Hospital, Newtown, Conn. Occupational therapists and senior occupational therapists. \$3,120-\$4,620; 40-hour week; well-equipped working units; good living facilities; clinical training program.

Wanted: Director of occupational therapy for well established curative workshop in college town. Experience necessary, 5 day work week, salary open. For further details write Mrs. Rachel Wood, 183 Milford, East Lansing, Michigan.

O.T.R. to assist director of occupational therapy with established program in a state tuberculosis hospital. Excellent experience afforded. 40 hr. week; paid vacations and sick leave. Liberal retirement plan. Salary \$3571-\$4372. Write to: Supervisor, Occupational Therapy, N. Y. State Department of Health, Division of Tuberculosis Control, 28 Howard Street, Albany 7, N. Y.

Occupational therapist for 1150 bed psychiatric hospital. Salary \$235 plus full maintenance. Five and one half day week. Liberal vacation, sick leave and holidays. Retirement benefits. Write C. G. Stillinger, M.D., Supt., New Mexico State Hospital, Las Vegas, New Mexico.

Occupational therapists' positions available with adults or children in psychiatric teaching hospital, 10 miles from Boston, progressive department, student affiliations, civil service benefits, maintenance optional. Write: Head O. T., Metropolitan State Hospital, Waltham 54, Mass.

Staff position open for registered occupational therapist. Salary open. Pleasant surroundings and working conditions. Contact Dr. C. G. Ingham, Superintendent, Norfolk State Hospital, Norfolk, Nebr.

Occupational therapist for new cerebral palsy training center. Must be capable of planning and eventually supervising program. Salary open, depending on qualifications and experience. Write Peninsula Cerebral Palsy Association, P. O. Box 371, Hampton, Virginia.

Occupational therapist for psychiatric unit in general hospital. Experience in psychiatric field preferred. For information write Personnel Section, Mayo Clinic, Rochester, Minnesota.

Occupational therapist wanted for newly established out-patient clinic. State training and experience. Contact Temple Memorial Home for Crippled Children, Box 147, Texarkana, Arkansas-Texas.

Registered occupational therapist wanted for employment in rehabilitation of physical disabilities under supervision of orthopedic surgeon and physiatrist. Program closely correlated with physical therapy, guidance department and teachers. Vacation and sick leave benefits, social security and retirement plan. Apply: Director of Occupational Therapy, Woodrow Wilson Rehabilitation Center, Fishersville, Virginia.

Part-time occupational therapist for small tuberculosis unit. Work under direction of regular hospital therapist. Salary: \$2.00 per hour 8 hours per week. Apply: Rockefeller Institute Hospital, 66th Street and York Avenue, New York City.

Director of occupational therapy department of tuberculosis hospital in suburb of Denver, 120 patients, \$300.00 per month starting salary. Lunch and uniform laundry provided, arrangements for living on the grounds can be made. Five day week, two weeks paid vacation per year. Excellent opportunities and working conditions. If interested contact Dr. Jerome L. Leon, Medical Director, Jewish Consumptives' Relief Society, Spivak, Colorado.

Occupational therapist—experienced for children's treatment center. Generalized program. Current salary scale. Home for Crippled Children, 1426 Denniston Ave., Pittsburgh 17, Penna.

Summer camp positions open for registered occupational therapists, June 26 through August 25. Apply: The Pennsylvania Society for Crippled Children and Adults, Inc., 1107 North Front Street, Harrisburg, Pennsylvania.

Occupational therapist for 70 bed orthopaedic hospital and out-patient department. All special services are well established. Salary and personnel policies excellent. Apply, Miss Anastacia McConnell, Superintendent, Eastern New York Orthopaedic Hospital-School, Inc., 124 Rosa Road, Schenectady, N. Y.

Occupational therapists, male and female, directorship and staff positions. Paid vacation, sick leave, retirement plan. Maintenance and laundry available. 750 bed private mental hospital. Apply Superintendent, Brattleboro Retreat, Brattleboro, Vermont.

## OCCUPATIONAL THERAPISTS RECREATIONAL THERAPISTS

\$4177 to \$4297 per year

For 40 hour week

Positions at Wayne County General  
Hospital and Infirmary, Eloise,  
Michigan, 16 miles west of downtown  
Detroit. Paid vacation and sick  
leave. Liberal retirement program.

Contact:

Civil Service Commission  
County of Wayne  
2200 Cadillac Tower  
Detroit 26, Michigan

Immediate openings (2): Excellent opportunities for two registered therapists. Progressive department with broad and varied activities including children's program. Paid vacation, sick leave, holidays. Salary \$3580 - \$4360, liberal increase first year, maintenance optional. Write to Personnel Officer, Caro State Hospital for Epileptics, Caro, Michigan.

Immediate opening: occupational therapist to work with cerebral palsied teen-aged boys in woodshop doing pre-vocational exploration. Also to work with younger aphasic and CP children. Opportunity to sit in on speech courses. Salary \$3200 - 3500. Apply Dr. P. A. Lovett, Institute of Logopedics, 2400 Jardine Dr., Wichita, Kans.

Immediate placement for registered occupational therapists (male or female) for rapidly expanding physical medicine and rehabilitation institute serving two hospitals, total 1250 general medical and surgical beds, located in largest centrally located industrial center in Illinois. Six paid holidays, two weeks paid annual vacation, sick leave accumulative, five day work week, staff salary beginning at \$3300. Good opportunities for advancing to supervisory positions. For information, write to Institute of Physical Medicine and Rehabilitation, attention: Personnel director, 619 North Glen Oak Avenue, Peoria, Illinois.

O.T.R.'s wanted: staff opening in 17 state mental institutions offering a variety of opportunities and locations. Salary: \$3258 - \$3888. State preference in location, modality, and type of patient. Write Elizabeth P. Ridgway, O.T.R., Occupational Therapy Consultant, Department of Welfare, Harrisburg, Pennsylvania.

Supervisory openings for O.T.R.'s in large and small state mental institutions. Salary open. State supervisory experience and preferences. Write Elizabeth P. Ridgway, O.T.R., Occupational Therapy Consultant, Department of Welfare, Harrisburg, Pennsylvania.

Senior O.T.R. and staff O.T.R.'s for a large rehabilitation department in a new city hospital. Affiliated with New York Medical College. Therapists eligible for N.Y.C. civil service status. Staff case conferences, team methods, integrated program. Contact Director, Physical Medicine and Rehabilitation Department, Bird S. Coler Hospital, Welfare Island, New York City.

Occupational therapist for health department outpatient clinic. Salary range \$3720-\$4320. 5 day week, 5 weeks vacation. Cattaraugus County Health Department, Olean, New York.

Excellent opportunity. Rapidly growing rehabilitation center needs another O.T.R. Beginning salary, \$3600, 5 day — 37 1/2 hours week. Paid annual vacation, paid sick leave, social security, Blue Cross and Shield. Only pleasant, cooperative and dependable need apply. Write or call Roy E. Patton, Executive Director, Crossroads Rehabilitation Center, 3001 North New Jersey, Indianapolis 5, Indiana, Talbot 2482.

Assistant therapist for teaching, intensive treatment center. New building opening summer 1954, expanding program will include adult, children and day patient activities. Occupational therapy well integrated with other phases of total treatment plan. Write: Cecil Wittson, M.D., Director, Nebraska Psychiatric Institute, The University of Nebraska College of Medicine, Omaha, Nebr.

## POSTGRADUATE COURSE IN CEREBRAL PALSY

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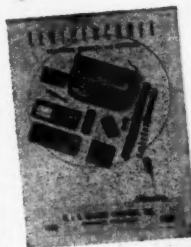
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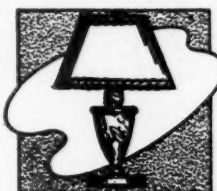
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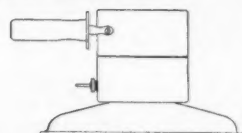
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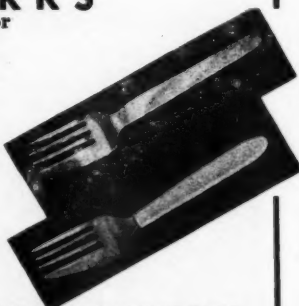
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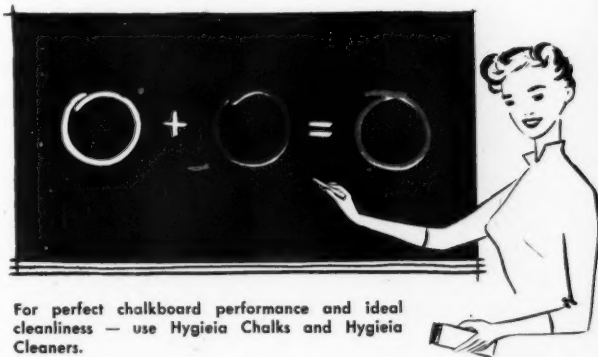
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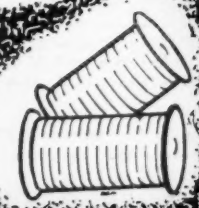
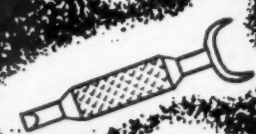
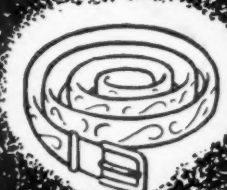


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